



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh Street, S.W.
Washington, D.C. 20590

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If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** * ***



AUTO SAFETY HOTLINE
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dsi

**DYNAMIC SCIENCE, INC.
Contract DTNH22-87-C-47169**

**AIRBAG INVESTIGATION
CASE NUMBER: DSI-91-CS-01**

[REDACTED] 1991

DISCLAIMERS

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.

CONTRACT NUMBER: DTNH 22-87-C-47169

CASE NUMBER: DSI-91-CS-01

[REDACTED]

This three-vehicle accident occurred during the afternoon hours of a weekend in [REDACTED], Maryland on a two-lane rural road. The weather was cloudy with a heavy rain storm in progress and the road was wet. The traffic was light to moderate. Vehicle 1, a 1991 Ford Taurus station wagon was being driven southbound at a speed estimated as between 50 and 55 miles per hour. Vehicle 2, a 1990 Buick Skylark 4-door sedan, being followed by Vehicle 3, a 1991 Jeep Briarwood 4X4, was being driven northbound at speeds estimated as between 40 and 45 miles per hour. As Vehicle 1 entered a right-hand curve ($R=1078.16$) downgrade (-6%), control was lost and the driver began "pumping" his brakes. This action probably caused hydroplaning and Vehicle 1 crossed the center line into the path of northbound traffic. The driver of Vehicle 2 took evasive action consisting of steering to the right. This action was unsuccessful and Vehicle 1 struck Vehicle 2 left side plane to left side plane in a sideswiping configuration. Vehicle 1 continued southbound in the northbound lane and struck Vehicle 3 in a frontal/head-on configuration. Vehicle 2 began a counterclockwise rotating slide, rotated 180 degrees and came to final rest facing south in the southbound lane. Vehicle 1 came to rest facing south in the northbound lane and Vehicle 3 came to rest facing north in the northbound lane. Both Vehicles 1 and 3 were in the vicinity of the point of impact. At impact #2, the forces involved exceeded the threshold in the air cushion restraint system installed in Vehicle 1 and the airbag in the driver's steering wheel deployed. The driver, center front and right front seated occupants were not wearing the available manual seat belts and sustained multiple fractures, abrasions, contusions and internal injuries; highest AIS = AIS-3. These occupants required extrication as a result of both injuries and sheet metal entrapment and were air-evacuated to hospitals and trauma units for admittance and treatment. The left rear seated occupant, an 18 month old female, was improperly seated (age/model seat) in a child booster model seat. She sustained contusions, spinal fracture and spinal cord transection; highest AIS = AIS-5. She was transported to a local hospital and declared deceased within two hours of the accident time. The center seated occupant, a 3 year old male was not seated in a child safety seat and was wearing the available lap belt. He sustained contusions, multiple spinal fractures and had expired at the scene. The highest

AIS for his injuries was AIS-3. The 5 year old female seated in the right rear seating position had defeated the shoulder belt by placing it behind her and sustained contusions, lacerations, abrasions, fractures (head and spine) and spinal cord transection. The highest AIS of her injuries was AIS-5. She had expired from these injuries at the scene.

The cargo area of this vehicle had a heavy metal lamp, golf bags and other items which moved forward at impact deforming the rear seat and loaded the back rest contributing to the severity of the occupants' injuries.

Of the five occupants in Vehicle 2, only the driver was injured. She sustained an AIS-2 injury consisting of a fractured right wrist. She refused treatment at the scene and later sought treatment at a local hospital. She was treated as an out patient and not admitted.

All three occupants in Vehicle 3 required extrication as a result of injuries sustained. The driver sustained multiple fractures of the face and lower extremities and a collapsed lung as a result of unspecified chest injuries. The right front seated occupant sustained multiple fractures, contusions; highest AIS = AIS-2. The left rear seated occupant sustained internal injuries, abrasions and contusions. The highest AIS for his injuries was AIS-2.

The driver's seat back was loaded and deformed by the unrestrained rear seated occupant, a 250 pound man.

All three vehicles were towed from the accident location as a result of damage sustained in this accident. Vehicles 1 and 3 were both inspected and documented within seven working days. Vehicle 2 data was derived from on-scene photographs.

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DYNAMIC SCIENCE, INC.
AIRBAG ACCIDENT INVESTIGATION
CASE NUMBER: DSI-91-CS-01

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Appendices:

- A. Field Forms and Airbag Supplement**
- B. Police Accident Report**

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In-Depth Investigation
Case Number: DSI-91-CS-01

ACCIDENT DATA:

Location:	Maryland
Area Type:	Rural/Farm
Date/Time:	Weekend/Mid-day
Accident Type:	Sideswipe: L/F V1 L/Side V2. Frontal: Front of V1, front of V3

INJURY SEVERITY:

Vehicle 1 (airbag/child seat)	3 Fatalities - AIS-5
Vehicle 2	AIS-2
Vehicle 3	AIS-3

AMBIENCE:

Viewing Conditions:	No restrictions/Daylight
Cloud Cover:	Cloudy
Precipitation:	Heavy rain
Temperature:	80-90 Degrees
Road Surface:	Wet w/Standing Water

ROADWAY:

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Type:	2-lane rural	2-lane rural	2-lane rural
Width:	12.1 feet	12.5 feet	12.5 feet
Traffic Density:	Light/moderate	Light/moderate	Light/moderate
Median:	None	None	None
Edge:	Asphalt-paved shoulder	Asphalt-paved shoulder	Asphalt-paved shoulder
Reported defects	None	None	None
Cargo:	150 lbs.	None	80 lbs.
Securiflex			
Windshield:	Unknown	Unknown	Unknown
Fleet:	No	No	No
Previous repairs	None	None	None
Tow Status:	Yes	Yes	Yes



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VEHICLE DAMAGE:

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Object struck:	Vehicle 2 & 3	Vehicle 1	Vehicle 1
Event number:	1 and 2	1	2
CDC:	11LFEW2 (1) 12FDEW4 (2)	11FDEW2	12FDEW4
Maximum crush:	32.7 inches	CDC only	32.1 inches

VEHICLE VELOCITY ESTIMATES (Miles Per Hour)

Impact speeds	50-55 MPH	40-45 MPH	40-45 MPH
Total Delta V	35.1 MPH	*	37.3 MPH
Longitudinal	-34.5 MPH		-37.2 MPH
Delta V	6.1 MPH		-3.3 MPH
Lateral Delta V	145040.6 ft/lb		207525.9 ft/lb
Energy			
Dissipation			

- * Forces involved and collision conditions caused V2 to rotate counterclockwise 180° and roll back toward approach direction.

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COLLISION SEQUENCE:

- Pre-Crash:** Vehicle 1 was being driven southbound at a speed estimated as between 50 and 55 miles per hour. Vehicle 2, followed by Vehicle 3, was being driven northbound at speeds estimated as between 40 and 45 miles per hours. As the driver of Vehicle 1 entered a curve right and a down-grade he began pumping his brakes to lessen his speed. This action probably induced hydroplaning and the vehicle crossed the center line into the path of on-coming traffic. The driver of Vehicle 2 observed Vehicle 1 as it crossed over the center line and took evasive action consisting of steering toward the right.
- Crash:** At impact #1 the left front of Vehicle 1 struck the left side of Vehicle 2 in the vicinity of the driver's door and rearward in a sideswiping configuration. Vehicle 1 continued in the on-coming traffic lane and struck Vehicle 3 frontal plane to frontal plane. At impact #2 the forces involved exceeded the threshold in Vehicle 1's air cushion restraint system and the airbag in the driver's steering wheel deployed.
- Post Crash:** Vehicle 2 rotated 180° counterclockwise and rolled to final rest position within the prolongation of the southbound lanes. Vehicle 1 overcame Vehicle 3's forward speed and pushed Vehicle 3 rearward to final rest approximately 15 feet from POI #2. Vehicle 1 slid approximately 5 feet south of POI #2 to final rest facing south in the northbound lanes.
- Scene Clearance:** The driver of Vehicle 1, center seat and right front seated occupants required extrication due to sheet metal entrapment and injuries. The driver was taken to a local hospital and admitted for treatment of injuries sustained. The center and right front seated occupants were air-evacuated to a shock trauma hospital and admitted for injuries sustained. The left rear seated occupant [child-seated 18 month old female] was also transported to a local hospital where she expired within a two hour period. The right and center rear seated occupants had expired at the scene and were transported to a funeral home. The driver of Vehicle 2 sustained a non-incapacitating injury, refused treatment at the scene and was treated later by her

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local doctor. The remaining four occupants of Vehicle 2 were uninjured. The driver, right front and center rear seated occupants of Vehicle 3 required extrication due to injuries sustained. The driver was flown to a local hospital and the right front and center rear seated occupants flown to a shock trauma unit for admittance and treatment of injuries sustained. Vehicle 1, 2 and 3 were towed from the scene as a result of damage sustained in this accident.

Driver Activity: The driver of Vehicle 1 was not using the available lap/shoulder belts and was cushioned by the airbag deployment. Other data was not available due to lack of in-person interview.

The driver of Vehicle 2 was wearing the available lap/shoulder belts. She and the other occupants were able to exit the vehicle unassisted.

The driver of Vehicle 3 was unable to exit the vehicle due to injuries sustained.

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DRIVER AND OTHER OCCUPANTS:

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Age/Sex	26 years/male	39 years/female	32 years/male
Seated Position	Left front	Left front	Left front
Height	Unknown	64 inches	Unknown
Weight	160 lbs.	150 lbs.	210 lbs.
Occupation	Repairman	Office worker	Medical field
Physical Limitations	None	None	None
Hand Position	Both hands on steering wheel, position unknown.	Right hand at 2 o'clock, left hand at 10 o'clock positions on the steering wheel.	Unknown
Foot Position	Left foot on floorboard, right foot on brake pedal.	Left foot on the floor, right foot on accelerator.	Unknown
Passive Restraints	Driver airbag	Passive belts	None
Restraint Use	Lap/shoulder belts not worn	Worn	Lap/shoulder belts worn
Additional Occupants	Yes, five	Yes, four	Yes, two

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Additional Occupants (Vehicle 1):

	<u>Occupant 2</u>	<u>Occupant 3</u>	<u>Occupant 4</u>
Age/Sex	15 years/female	24 years/female	18 mos./female
Seated Position	Front center	Right front	Left rear
Height	Unknown	Unknown	Unknown
Weight	110 lbs.	Unknown	25 lbs.
Occupation	Student	Housewife	None
Physical Limitations	None	None	None
Restraint Usage	None	None	Restrained in wrong type child seat
	<u>Occupant 5</u>	<u>Occupant 6</u>	
Age/Sex	3 years/male	5 years/female	
Seated Position	Center rear	Right rear	
Height	Unknown	Unknown	
Weight	32 lbs.	34 lbs.	
Occupation	None	None	
Physical Limitations	None	None	
Restraint Usage	Lap belt (no child booster seat)	Lap belt only, shoulder belt was behind occupant	

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Additional Occupants (Vehicle 2):

	<u>Occupant 2</u>	<u>Occupant 3</u>	<u>Occupant 4</u>
Age/Sex	64 years/female	6 years/female	8 years/female
Seated Position	Right front	Right rear	Center rear
Height	63 inches	45 inches	47 inches
Weight	115 lbs.	48 lbs.	45 lbs.
Occupation	Retired	None	None
Physical Limitations	None	None	None
Restraint Usage	Passive lap/shoulder	None	None

Occupant 5

Age/Sex	38 years/female
Seated Position	Right rear
Height	65 inches
Weight	130 lbs.
Occupation	Unknown
Physical Limitations	None
Restraint Usage	None

Additional Occupants (Vehicle 3):

	<u>Occupant 2</u>	<u>Occupant 3</u>
Age/Sex	23 years/female	37 years/male
Seated Position	Right front	Left rear
Height	Unknown	Unknown
Weight	Unknown	250 lbs.
Occupation	Unknown	Unknown
Physical Limitations	None	None
Restraint Usage	Lap/shoulder belts	None

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INJURIES:

<u>Injury</u>	<u>OIC Code</u>	<u>Source</u>
Driver, V1 (airbag vehicle):		
Fracture (open), R/Ulna	RRFS3	Steering wheel
Fracture (open), R/Radius	RRFS3	Steering wheel
Fracture (open), L/Ulna	RLFS3	Steering wheel
Fracture (open), L/Radius	RLFS3	Steering wheel
Fracture, R/Patellar	KRFS2	Center instrument panel and below
Fracture, R/Tibia	LRFS2	Toepan
Fracture, R/Calcaneus	QRFS2	Toepan
Fracture, R/Hip	PRFS2	Instrument panel and impact forces
Fracture, L/Femur	TLFS2	Instrument panel and impact forces
Fracture, L/Hip	PLFS2	Instrument panel and impact forces
Abrasions, Multiple (unspecified)	OWAI1	Unknown sources
Contusions, Multiple (unspecified)	OWCI1	Unknown sources
V1 Center Front Passenger:		
Fracture, R/Tibia	LRFS2	Toepan
Fracture, R/Fibula	LRFS2	Toepan
Fracture, L/Tibia	LLFS2	Toepan
Fracture, L/Fibula	LLFS2	Toepan
Fracture, L/Radius	RLFS2	Center instrument panel
Fracture, L/Ulna	RLFS2	Center instrument panel
Fracture, Sacral	BSZV3	Seat back

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INJURIES (con't.):

<u>Injury</u>	<u>OIC Code</u>	<u>Source</u>
V1 Right Front Passenger:		
Laceration, Forehead	FSLI2	Windshield
Laceration, R/Patellar	KRLJ3	[Combination, right
Fracture, L/Femur	TLFS3	instrument
Fracture, w/Dislocation, L/Hip	PLZJ3	panel/impact
Fracture, R/Hip	PRFS2	forces]
Fracture, Multiple R/Hand (2)	WRDJ2	R/Instrument panel
Laceration, Spleen	MLLQ2	Inter-occupant contact
Fracture, Multiple Rib (unspecified)	CUFS2	Inter-occupant contact
Puncture, Lung (unspecified)	CUPP3	Inter-occupant contact
Fracture, L/Shoulder	SLFS2	R/Instrument panel and impact forces
V1 Left Rear Passenger (Child Seat):		
Fracture, Cervical Spine	NPFS3	Impact forces
Transection, Spinal Cord	NPEC5	Impact forces
Contusion, L/Cheek	FLCI1	L/"B" Pillar
Contusion, Abdomen	MUCI1	Seat belt
V1 Center Rear Passenger:		
Contusion, Abdomen	MUCI1	Seat belt
Contusion, Forehead	FSCI1	Seat back
Laceration, Tongue	FILD2	Seat back
Fracture, Cervical Spine	NPFS3	Impact forces
Fracture, Thoracic Spine	BSFS3	Impact forces



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INJURIES (con't.):

Injury	OIC Code	Source
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V1 Right Rear Passenger:

Contusion, Lower Abdomen	MICI1	Seat belt
Laceration, Nose	FCLI2	Seat back support
Laceration, L/Eye	FLLI2	Seat back support
Laceration, L/Ear	HLLI2	Seat back support
Abrasions, R/Cheek	FRCI1	Seat back support
Fracture, Skull (Vic. of R & L Orbit)	HRFS2	Seat back support
Fracture, Thoracic Spine	BSFS3	Impact forces
Transection, Spinal Cord	BIEC5	Impact forces

Vehicle 2 Driver:

Fracture, R/Hand **WRFS2** **Center instrument panel**

Vehicle 3 Driver:

Fracture, Jaw	FUFS1	Steering wheel
Fracture, Teeth (Multiple)	FIFS1	Steering wheel
Fracture, R/Patellar	KRFS2	L/Instrument panel
Fracture, R/Tibia	LRFS2	Toepan
Fracture, R/Fibula	LRFS2	Toepan
Fracture, R/Ankle	QRFS2	Toepan
Fracture, L/Tibia	LLFS2	Toepan
Fracture, L/Fibula	LLFS2	Toepan
Fracture, L/Ankle	QLFS2	Toepan
Abrasions, R/Hand	WRAI1	Center instrument panel

*Collapsed Lung
(result of injury) CUUU7

*Coded as a result of unknown injury

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INJURIES (con't.):

<u>Injury</u>	<u>OIC Code</u>	<u>Source</u>
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V3 Right Front Passenger:

Fracture (burst), Lumbar Spine	BDFS2	Inter-occupant contact
Fracture, Nose	FCFS1	Inter-occupant contact
Laceration, R/Cheek >5"	FRLI2	Windshield
Contusion, L/Thigh	TLCI1	Seat belt buckle
Contusion, L/Hand	WLCI1	R/Instrument panel
Contusion, Sternum	CCCS1	Shoulder belt
Contusion, Lower Abdomen	MICI2	Lap belt
Contusion, R/Shoulder to L/Hip	SRCI2	Shoulder belt

V3 Left Rear Passenger:

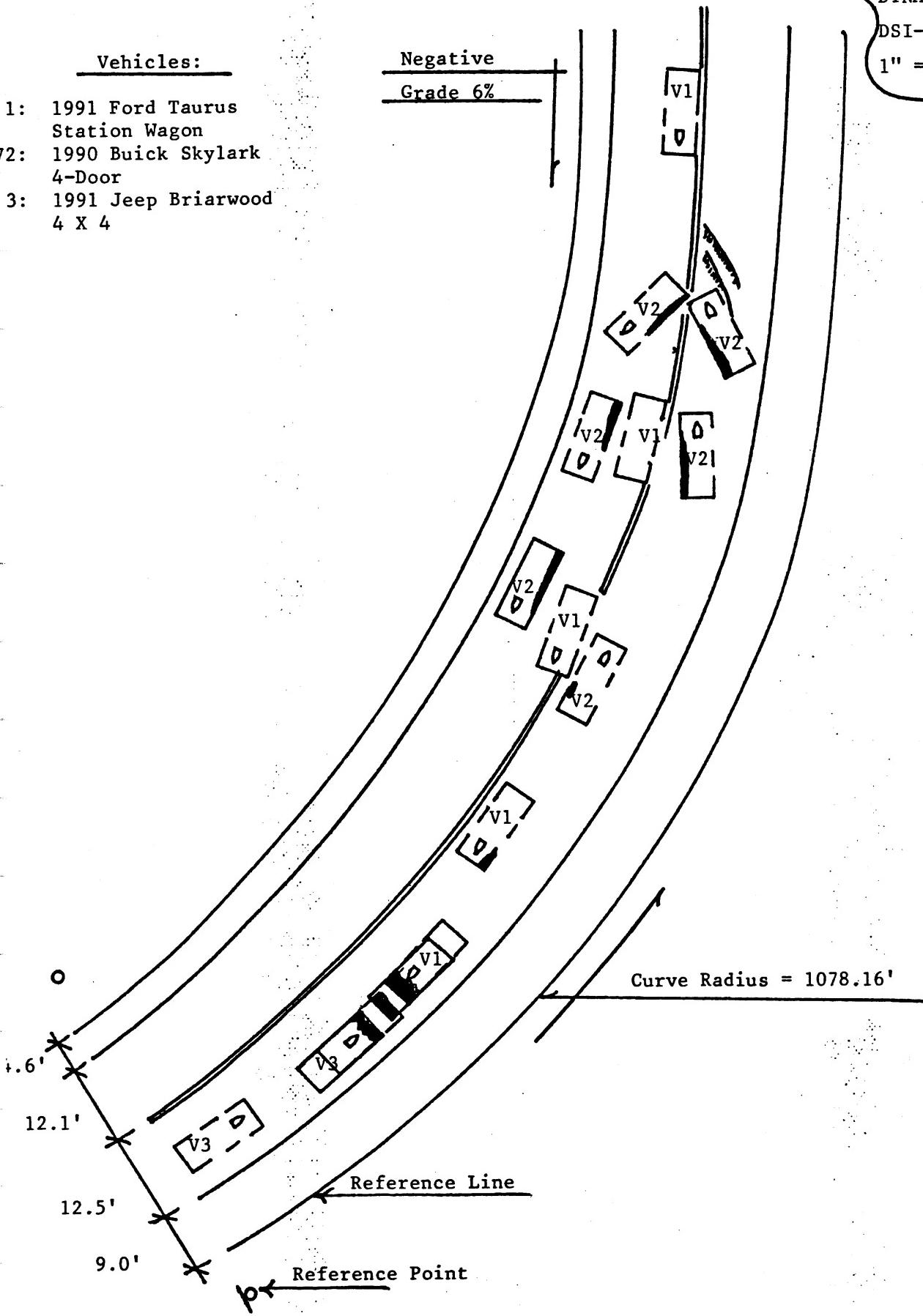
Rupture, L/Knee Tendon	KLRJ3	Floor-mounted con- sole
Abrasions, L/Knee	KLAI2	Floor-mounted con- sole
Abrasions, R/Knee	KRAI2	Floor-mounted con- sole
Fracture, L/Wrist	WLFS2	Unknown
Contusion, R/Kidney	MRCK2	Seat back support
Unspecified injuries Posterior Head	HPUI1	Overhead console

Vehicles:

- 1: 1991 Ford Taurus
Station Wagon
- V2: 1990 Buick Skylark
4-Door
- 3: 1991 Jeep Briarwood
4 X 4

Negative
Grade 6%

DYNAMIC SCIENCE
DSI-91-CS-01
1" = 20' - 0'



COLLISION MEASUREMENTS
Case Number DSI-91-CS-01

Reference Point: Utility Pole East Side of Highway South of POI

Reference Line: Continuous Road Edge E/S of N/S Highway

DATA POINT	LONGITUDINALS	LATERALS
R/R V3 @ FRP	N 31.2	W 13.2
R/F V3 @ FRP	N 40.3	W 13.0
L/F V1 @ FRP	N 45.5	W 14.8
POI #2 V1 V3	N 50.0	W 16.0
L/R V1 @ FRP	N 53.3	W 13.4
R/R V1 @ FRP	N 54.3	W 19.0
L/F V2 @ FRP	N 100.9	W 28.0
L/R V2 @ FRP	N 109.8	W 28.6
R/R V2 @ FRP	N 109.8	W 33.4
POI #1	N 97.3	W 15.8
Begin scrub mark POI #1	N 94.7	W 15.8
End scrub mark POI #1	N 108.4	W 15.8
Begin CCW rotating skid		
V2 R/F	N 166.1	W 15.3
V2 R/R	N 173.4	W 14.4
End skid mark V2 R/F	N 177.0	W 21.5
End skid mark V2 R/R	N 185.0	W 21.0



PHOTO INDEX
CASE NO. DSI-91-CS-01

Selected Police Photos



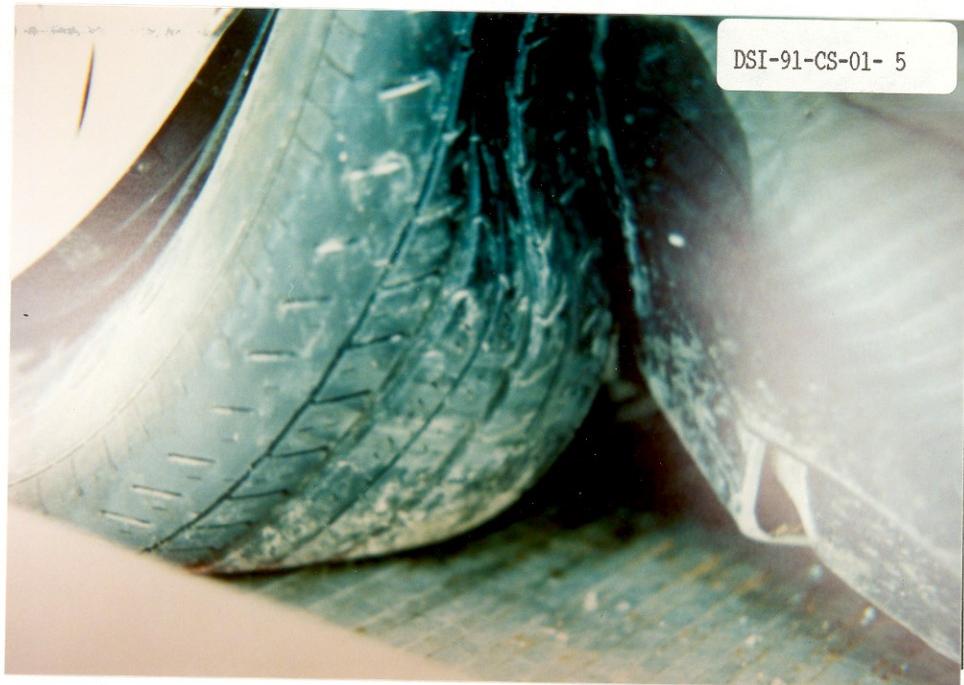
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DSI-91-CS-01- 4



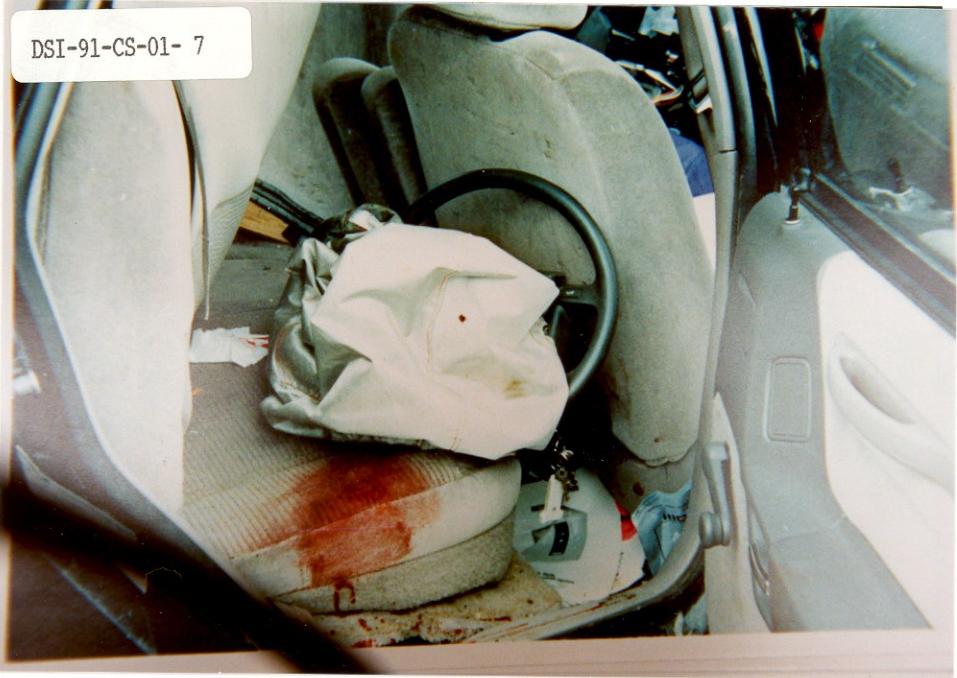
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DSI-91-CS-01- 6



DSI-91-CS-01- 7



DSI-91-CS-01- 8



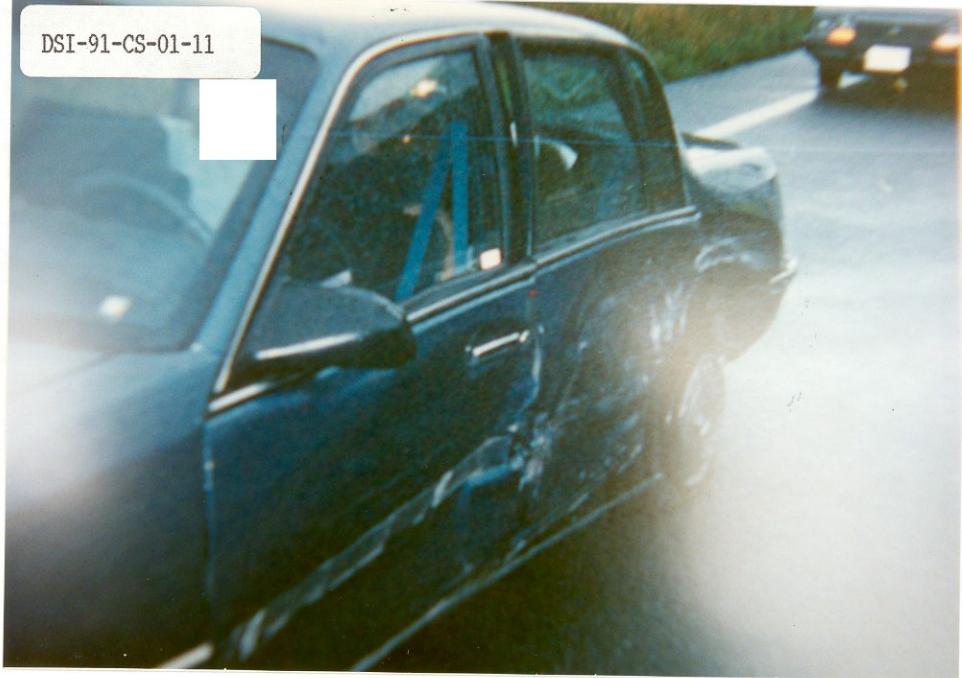
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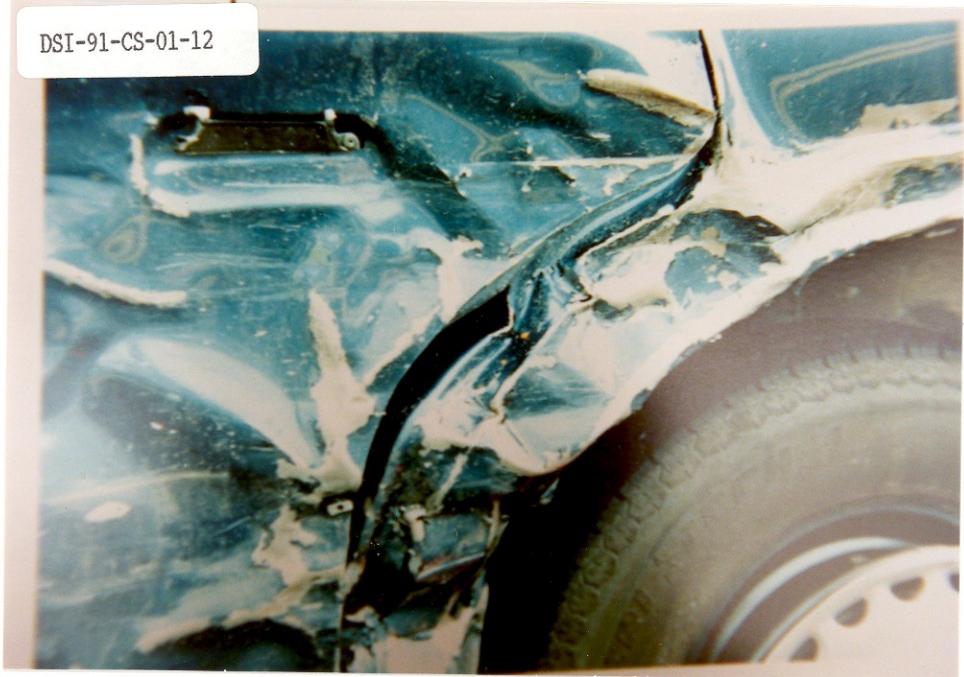
DSI-91-CS-01-10



DSI-91-CS-01-11



DSI-91-CS-01-12



SLIDE INDEX
CASE NO. DSI-91-CS-01

SLIDE NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1	1	N	View toward V1 approach S/B
2-6	1	S	V1 path S/B to POI #1
7	1	S	Estimated point V1 crossed center line
8	1&2	S	POI #1 in N/B lane
9-11	2	N	V2 path after POI-180° CCW rotation
12-13	2	S	V2 path to FRP in S/B lane
14-15	2	--	FRP V2
16-17	1	S	V1 path from POI #1 to POI #2
18-19	1	S	POI #2
20	1	N	FRP V1
21	2&3	S	View toward V2 V3 approach N/B
22-31	2&3	N	Route of V2 V3 N/B & POI #2
32	2&3	S	View from POI #2 to V1 V2 approach
33		N	View thru POI #1 from POI #2
34-54	1		Exterior views V1
55-86	1		Interior views V1 & airbag
87-93	1		Airbag V1



SLIDE INDEX
CASE NO. DSI-91-CS-01



DC91C1 #1



DC91C1 #2



DC91C1 #3



DC91C1 #4



DC91C1 #5



DC 91C1 #6



DC91C1 #7



DC91C1 #8



DC91C1 #9



DC91C1 #10



DC91C1 #11



DC91C1 #12



DC91C1 #13



DC91C1 #14



DC91C1 #15



DC91C1 #16



DC91C1 #17

DC91C1 #18



DC91C1 #19

DC91C1 #20



DC91C1 #21



DC91C1 #22



DC91C1 #23



DC91C1 #24



DC 91C1 #25



DC91C1 #26



DC 91C1 #27



DC 91C1 #28



DC91C1 #29



DC91C1

#30

DC91C1 #31



DC91C1 #32



DC91C1 #33



DC91C1 #34
Best Available



DC 91C1 #35



DC91C1 #36
Best Available



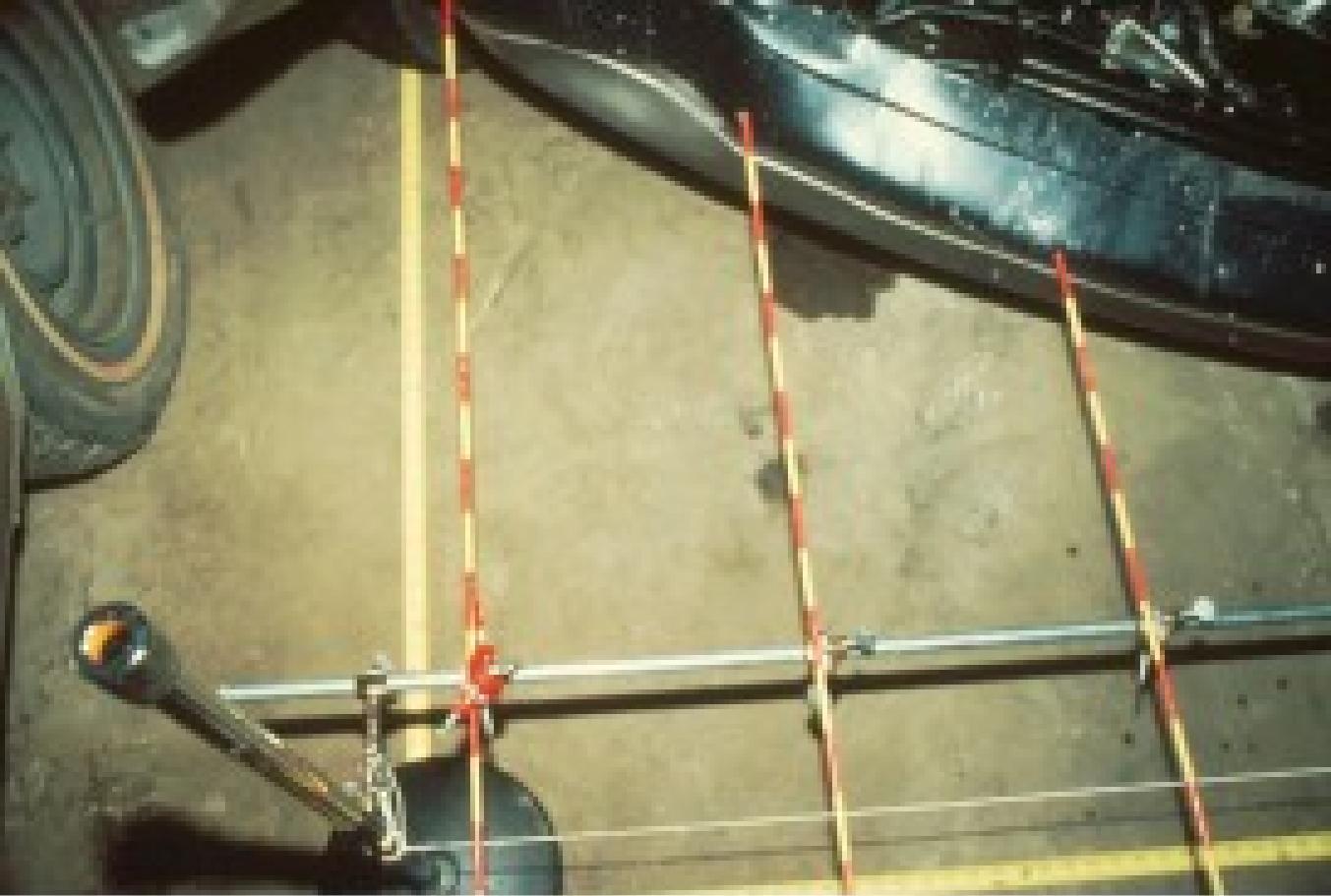
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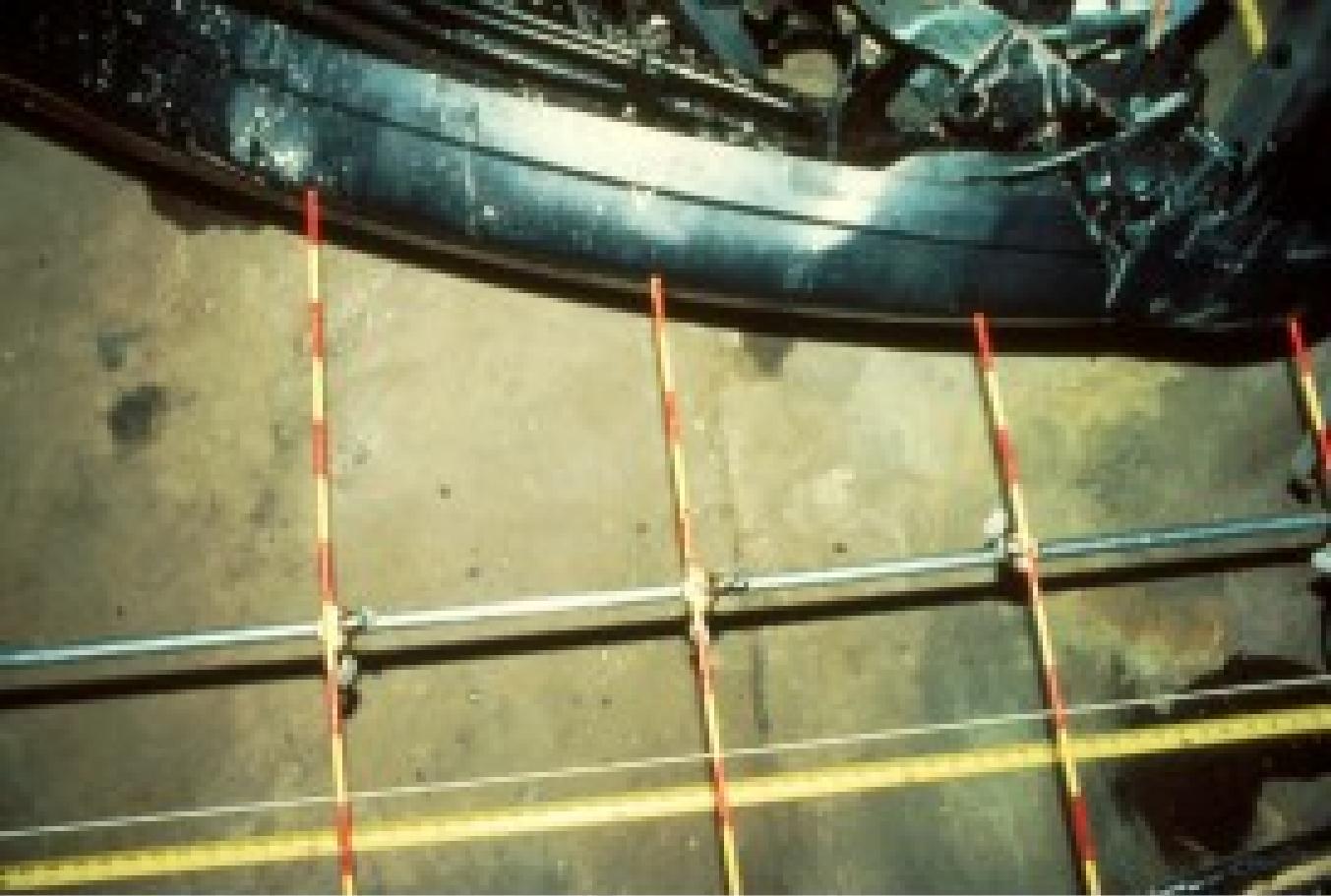
DC 91C1 #38
Best Available



DC 91C1 #39
Best Available



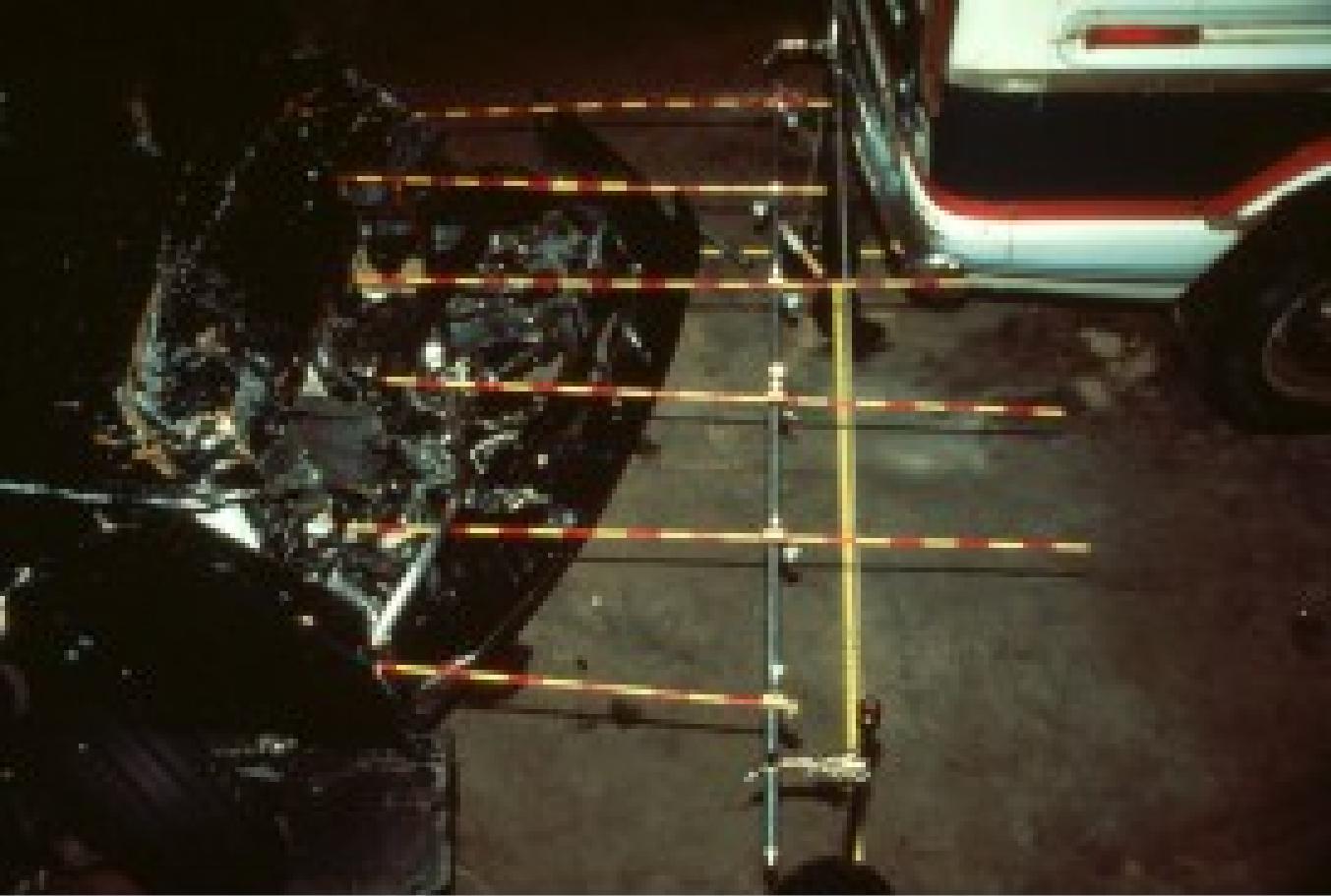
DC91C1 #40
Best Available



DC91C1 #41
Best Available



DC91C1 #42
Best Available



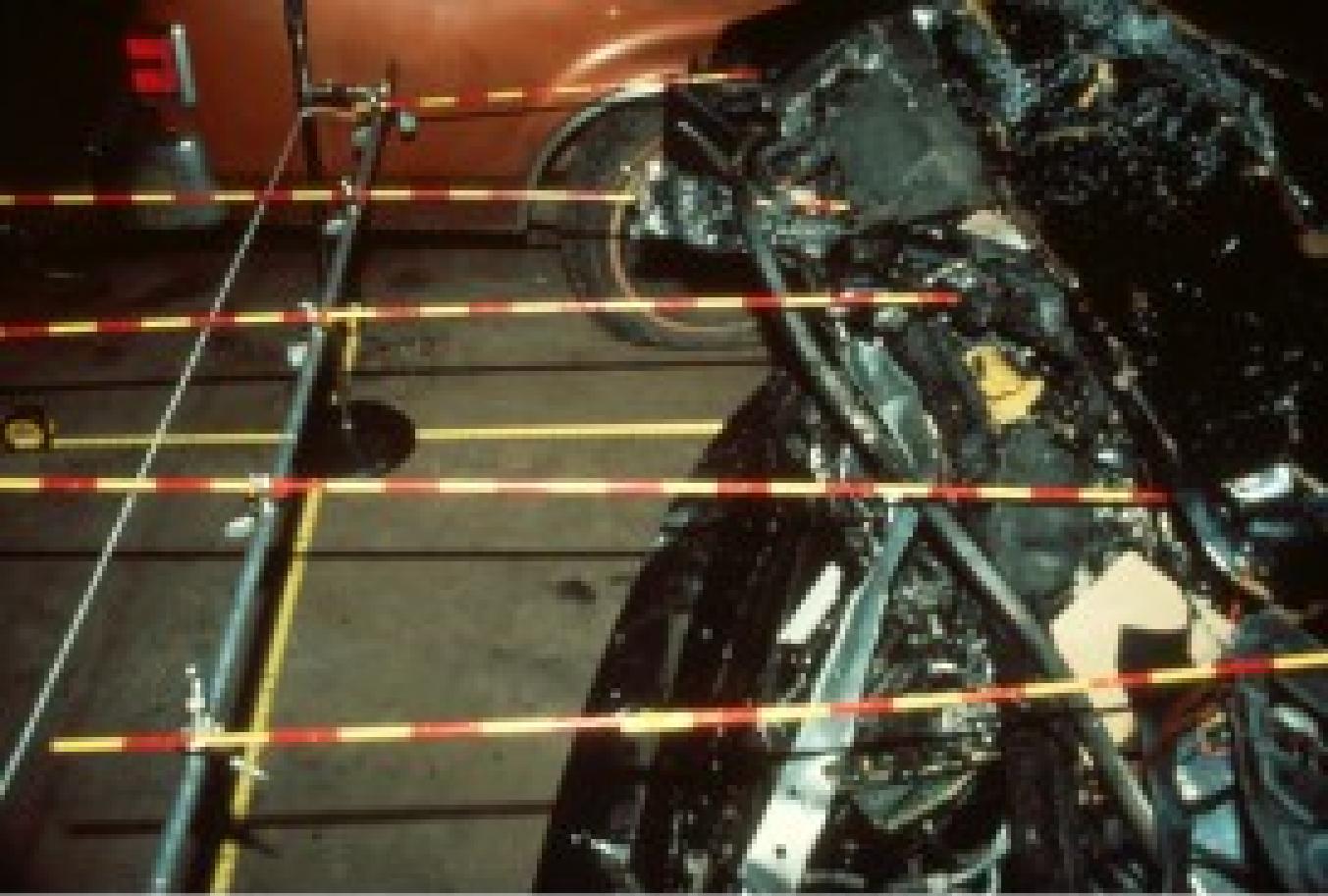
DC91C1 #43
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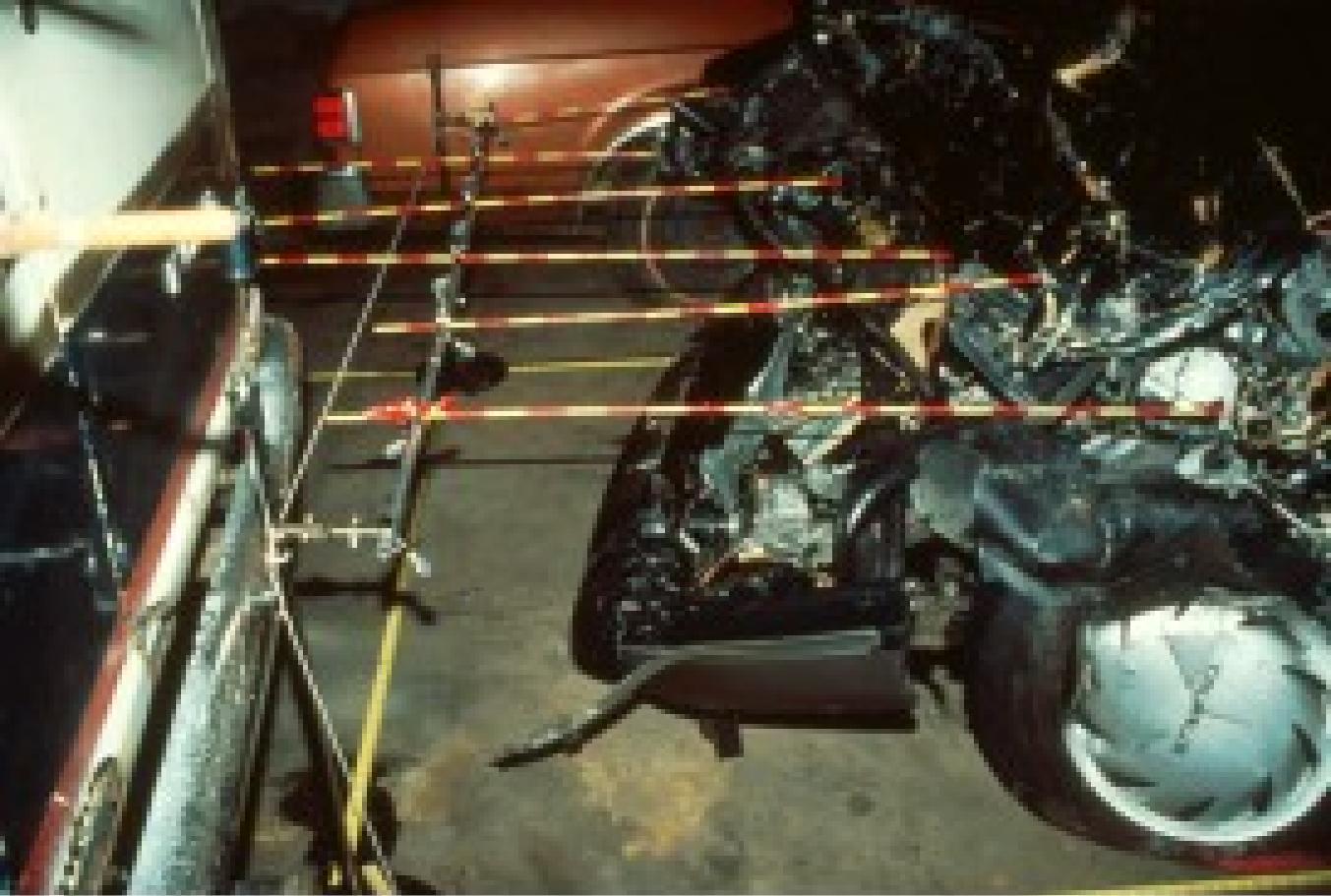
DC 91C1 #44
Best Available



DC91C1 #45
Best Available



DC91C1 #46
Best Available



DC 91C1 #47
Best Available



DC91C1 #48
Best Available



DC91C1 #49
Best Available



DC 91C1 #50
Best Available



DC91C1 #51
Best Available



DC91C1 #52
Best Available



DC91C1 #53
Best Available



DC 91C1 #54
Best Available



DC91C1 #55



DC91C1 #56
Best Available



DC91C1 #57
Best Available



DC91C1 #58
Best Available



DC91C1 #59
Best Available



DC91C1 #60
Best Available



DC 91C1 #61
Best Available



DC91C1 #62
Best Available



DC91C1 #63
Best Available



DC91C1 #64
Best Available



DC 91C1 #65
Best Available



DC 91C1 #86
Best Available



DC91C1 #67
Best Available



DC91C1 #66
Best Available



DC 91C1 #69
Best Available



DC91C1 #70
Best Available



DC91C1 #71
Best Available



DC91C1 #72
Best Available



DC91C1 #73
Best Available



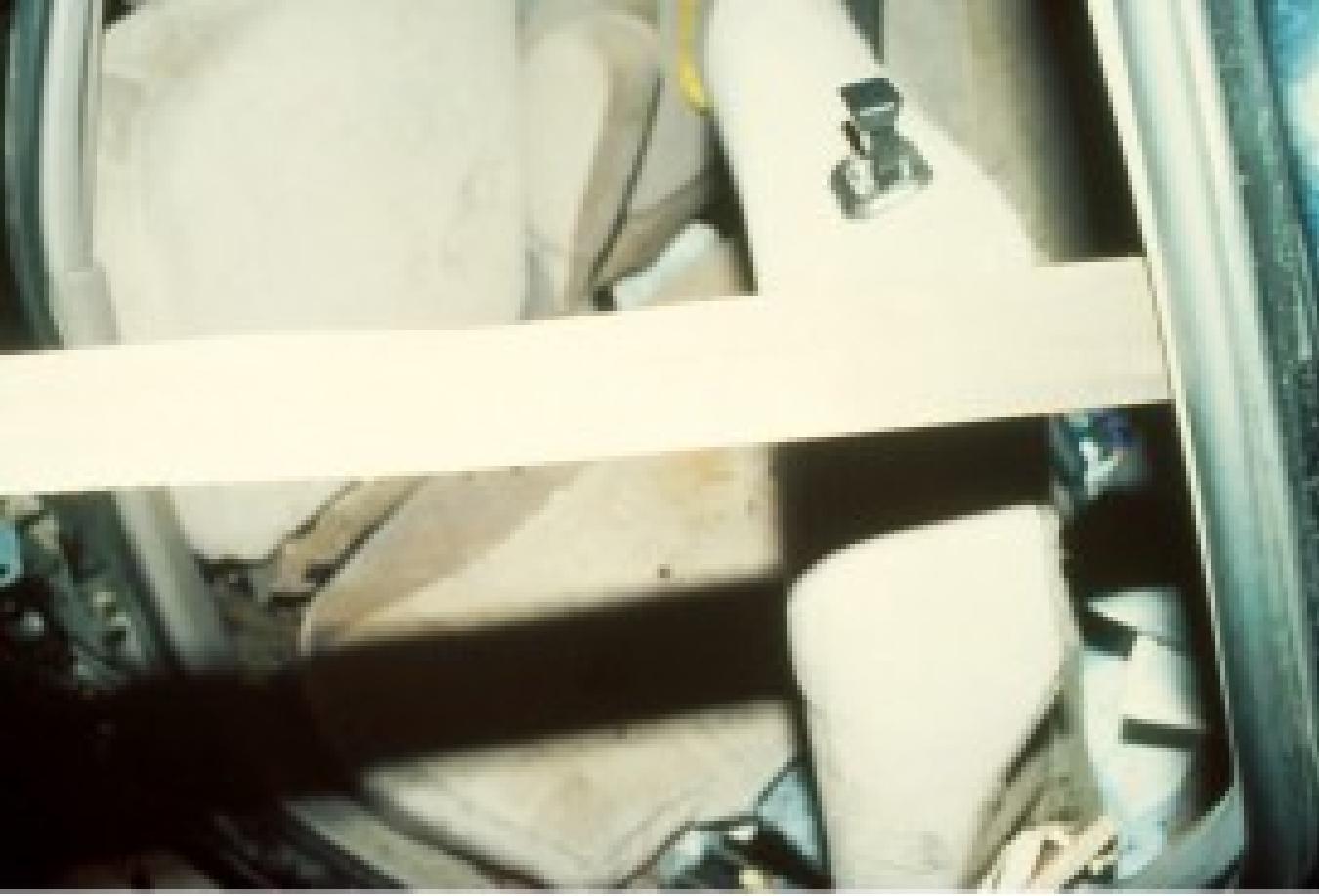
DC 91C1 #74
Best Available



DC91C1 #75
Best Available



DC91C1 #76
Best Available



DC91C1 #77
Best Available

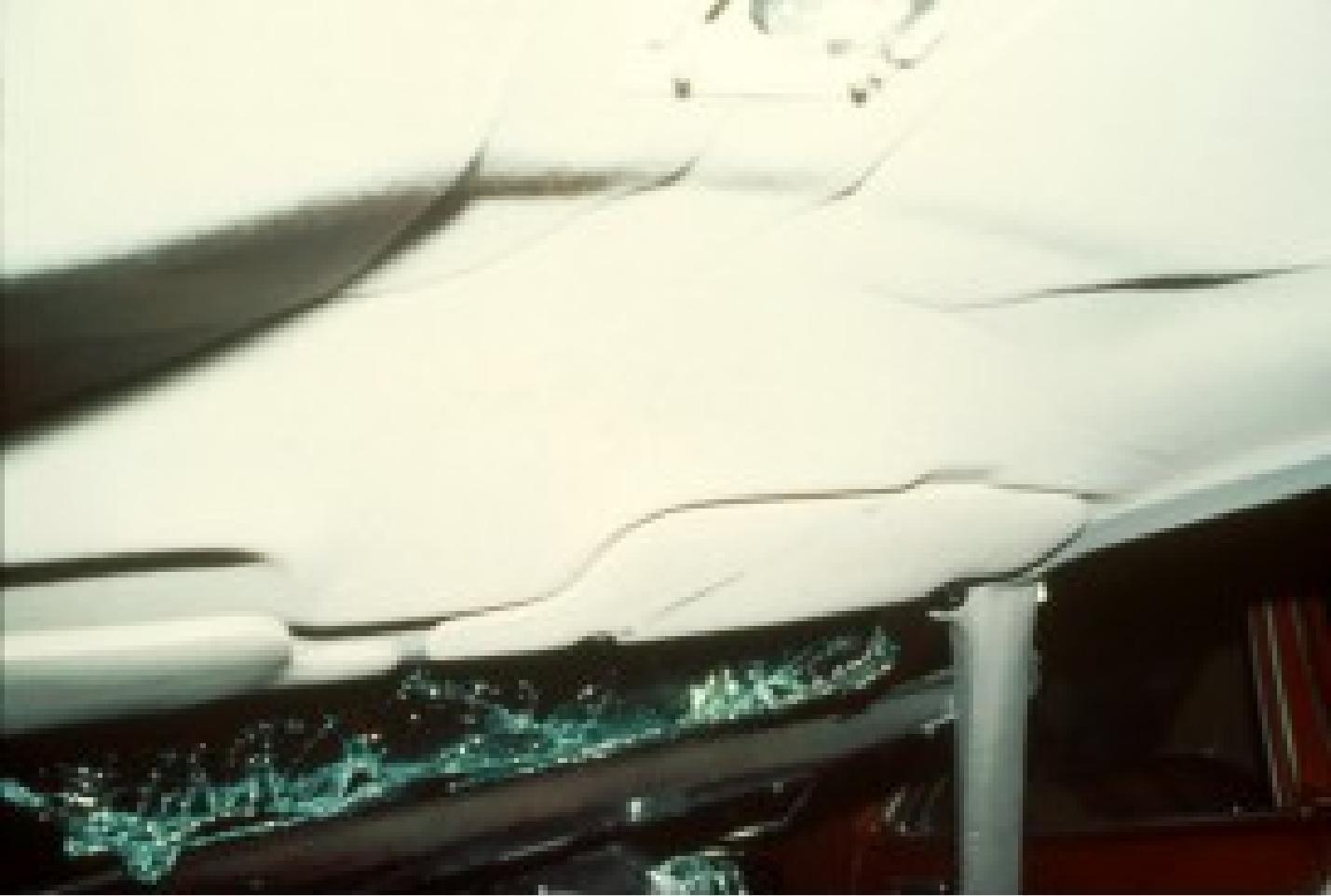


DC 01C1 #78

Best Available



DC91C1 #79
Best Available



DC91C1 #80



DC91C1 #81



DC91C1 #82
Best Available



DC91C1 #83



DC 91C1 #84



DC91C1 #85

DC91C1 #86
Best Available



DC91C1 #87



DC 91C1 #88



DC91C1 #69



DC91C1 #90
Best Available



DC91C1 #91
Best Available



DC91C1 #92
Best Available



DC91C1 #93
Best Available



DC91C1 #94
Best Available



DC 91C1 #95
Best Available



DC91C1 #96
Best Available



DC 91C1 #97
Best Available



DC91C1 #98
Best Available



DC91C1 #99
Best Available



**DC91C1 #100
Best Available**



DC91C1 #101
Best Available



**DC91C1 #102
Best Available**



DC 91C1 #103
Best Available



DC91C1 #104
Best Available



DC 91C1 #105
Best Available



DC 01C1 #106



DC91C1 #107
Best Available



DC91C1 #108
Best Available



DC91C1 #109
Best Available



DC91C1 #110
Best Available



DC91C1 #111
Best Available



DC91C1 #112
Best Available



DC91C1 #113
Best Available



DC91C1 #114
Best Available



DC91C1 #115
Best Available



DC91C1 #116
Best Available



DC91C1 #117
Best Available



DC91C1 #118
Best Available



DC91C1 #119
Best Available



DC91C1 #120
Best Available



DC91C1 #121
Best Available



DC91C1 #122
Best Available



DC91C1 #123
Best Available



DC91C1 #124

Best Available



DC91C1 #125
Best Available



DC91C1 #126



DC91C1 #127
Best Available

DC91C1 #128



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

CHILD SEAT ≠ AIRBAG CASE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Second case in a DOUBLE? (y/n)

Case Number - DS-91-08-01

SPECIAL STUDIES INDICATORS

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

03

4. Date of Accident

9 1

5. Time of Accident

13,40

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

03

Code the number of events which occurred in
this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. 0 1	13. 01	14. 03	15. L	16. 02	17. 02	18. L
19. 0 2	20. 01	21. 03	22. E	23. 03	24. 12	25. E
26. 0 3	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. 0 4	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. 0 5	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase 100")
- (02) Compact (wheelbase - 100" - 104")
- (03) Intermediate (wheelbase - 105" - 109")
- (04) Full size (wheelbase - 110" - 114")
- (05) Largest (wheelbase - 115")
- (09) Unknown passenger car size
- (11) Short utility vehicle
- (12) Truck based utility (< 10,000 lbs GVWR)
- (13) Passenger van (< 10,000 lbs GVWR)
- (14) Other van (< 10,000 lbs GVWR)
- (15) Pickup truck (< 10,000 lbs GVWR)
- (18) Other truck (< 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (< 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDC APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision with Fixed Object

- (41) Tree (< 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (< 4 inches in diameter)
- (51) Pole or post (> 4 but < 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify):

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number DSI-91-CS-phi

Vehicle Number DL

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

91

5. Vehicle Make (specify):

FORD

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

L2

6. Vehicle Model (specify):

Taurus 5/1W 4Dr

DL17

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

7. Body Type

Note: Applicable codes are found on
the back of this page.

DL

8. Vehicle Identification Number

LEACP55U1MG -----

Left justify; Slash zeros and letter Z (0 and Z)
No VIN - Code all zeros
Unknown - Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

- (0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

P

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

12. Alcohol Test Result for Driver

Code actual value (decimal implied before
first digit - 0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

D

Source PDR - I.O.

ACCIDENT RELATED

13. Speed Limit

- (00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

DL

14. Attempted Avoidance Maneuver

- (00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

D2

(99) Unknown

15. Accident Type

Applicable codes may be found on the back
of page two of this field form

- (00) No impact

Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

64

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****

29. Basis for Total Delta V (Highest)

Delta V Calculated

- (1) CRASH program - damage only routine
 (2) CRASH program - damage and trajectory routine
 (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
 (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
 (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V

3535.1 Nearest mph

- (NOTE: 00 means less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

31. Longitudinal Component of Delta V

± 35-34.5 Nearest mph

- (NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (97) ± 96.5 mph and above
 (99) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
 DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

* GV99 notes: The idea is to document overlap at initial contact. Therefore, divide the direct width of the vehicle with the most narrow direct width by the undeformed end width of the vehicle described on this form.

If this vehicle sustained direct contact across the entire plane at initial contact, then code 100.

32. Lateral Component of Delta V

Secondary Highest
0 661 Nearest mph

- (NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (97) ± 96.5 mph and above
 (99) Unknown

33. Energy Absorption

145,000 Nearest 100 foot-lbs

- (NOTE: 0000 means less than 50 Foot-Lbs)
 (9997) 999,650 foot-lbs or more
 (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (0) No reconstruction
 (1) Collision fits model - results appear reasonable
 (2) Collision fits model - results appear high
 (3) Collision fits model - results appear low
 (4) Borderline reconstruction - results appear reasonable

35. Type of Vehicle Inspection

- (0) No Inspection
 (1) Complete inspection
 (2) Partial inspection (specify):

* 99. Percent Overlap

+ - 100

Code the rounded product of:
 Direct Width / Undef. End Width
 — = Left Overlap + = Right Overlap

000 Not an end-to-end impact
 999 Unknown

37. Police Reported Other Drug Presence

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception

Test Type For Driver

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

- (7) Other observation/perception test
- (8) No driver present
- (9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u> </u>	41. <u> </u>
Depressant Drug	42. <u> </u>	43. <u> </u>
Stimulant Drug	44. <u> </u>	45. <u> </u>
Hallucinogen Drug	46. <u> </u>	47. <u> </u>
Cannabinoid Drug	48. <u> </u>	49. <u> </u>
Phencyclidine (PCP)	50. <u> </u>	51. <u> </u>
Inhalant Drug	52. <u> </u>	53. <u> </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> </u>	55. <u> </u>

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



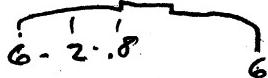
U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

2. Case Number	DSI-91-C\$-01		3. Vehicle Number	01							
VEHICLE IDENTIFICATION											
VIN	1FACP55410G		x x x x	Model Year 1991							
Vehicle Make (specify):	FORD		Vehicle Model (specify):	TAURUS S/W							
LOCATOR											
Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.											
Specific Impact No.	Location of Direct Damage	Location of Field L		Location of Maximum Crush							
1	L/F FENDER - DAMAGE MASKED BY			2nd IMPACT-CDC							
2	Begins @ C1, C1 IS L/F Corner, FULL FRONTR MC = C6										
CRUSH PROFILE											
NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).											
Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts. * STANDS OFFSET TO REAR FOR CLEARANCE 1.25"											
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.											
Use as many lines/columns as necessary to describe each damage profile.											
Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1.	CDC ONLY -	DAMAGE	MASKED BY								
2.	FT. Bumper	57.5		57.5	12.0	13.25	15.75	19.95	26.3	32.0	0
	PLUS ADJUSTMENT				1.25	1.25	1.25	1.25	1.25	1.25	
	SUM TOTAL				13.25	14.50	17.0	21.0	27.5	33.25	
	LESS FREE SPACE				6.0	2.0	.8	.8	2.0	6.0	
	RESULTANT				7.25	12.5	16.2	20.2	25.5	27.25	
2	Hoodline	57.5		57.5	48.8	41.0	39.25	33.4	33.8	47.5	0
** Adjustment				-	9.25	5.25	3.7	3.7	3.25	9.25	
	Resultant				39.5	35.75	35.5	29.7	28.5	38.25	
Average (2+2)/2		32.7			23.4	24.1	25.8	24.9	27.0	32.7	0

HS Form 435A (Rev. 1/91) ** ADJUSTMENTS - STAND CLEARANCE + 1.25, - FREE SPACE &
- Bumper Lead (4.5")

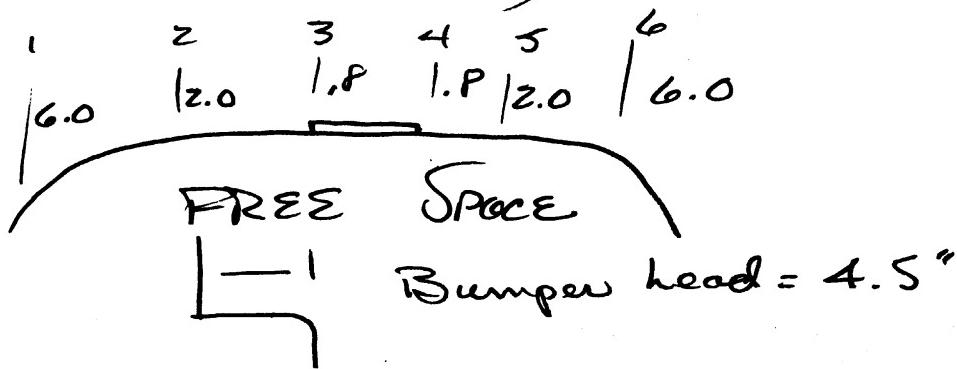


ZONE'S = 10.22 (1)

10.23 - 20.44 (2)

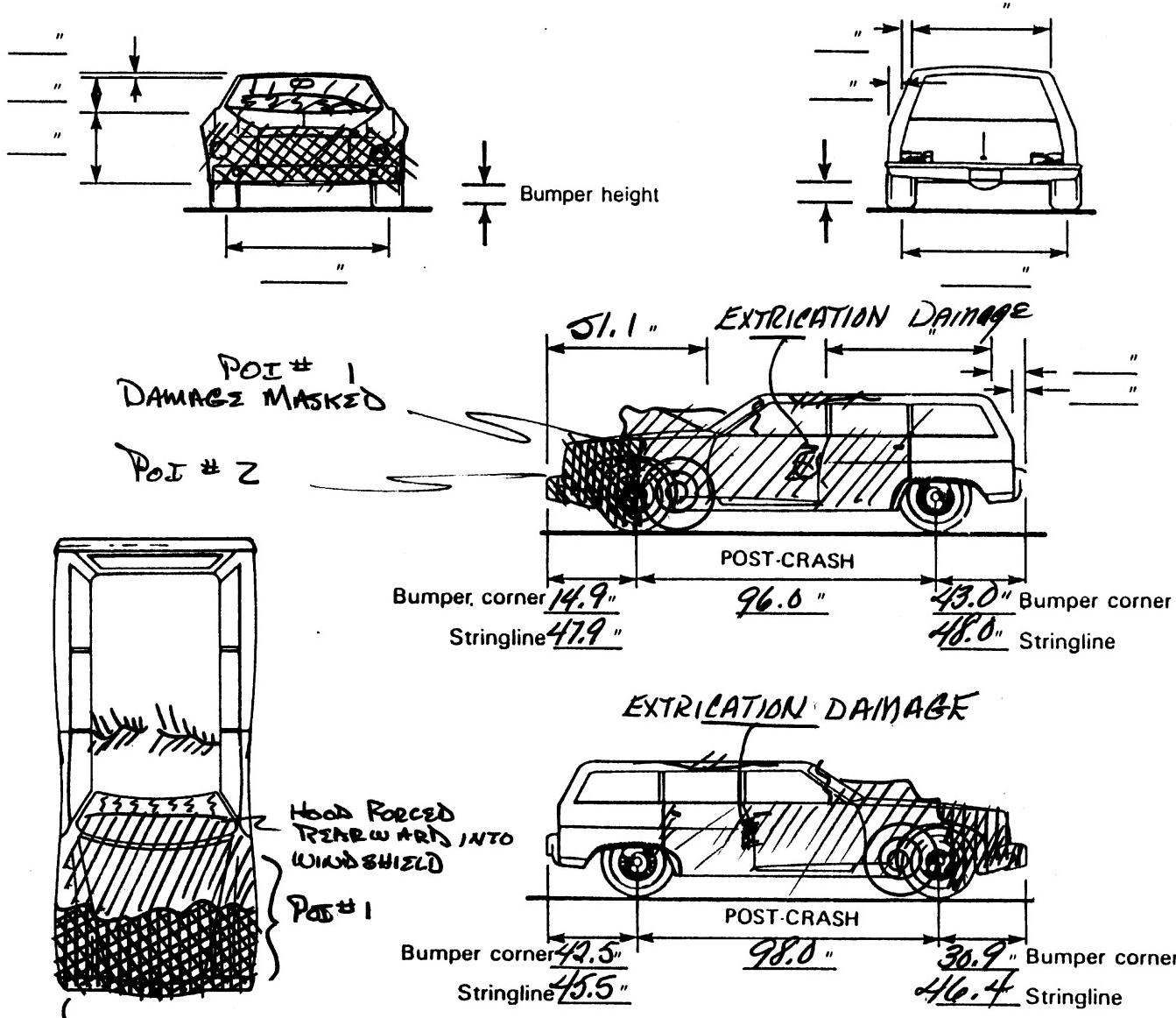
20.45 - 30.66 (3)

30.67 - 40.88 (4)



VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
a. Rotation physically restricted	b. Tire deflated	Wheelbase	<u>106.0</u>	RF \pm <u>+10</u> ° LF \pm <u>0</u> ° RR \pm <u>0</u> ° LR \pm <u>0</u> ° Within ± 5 degrees
RF <u>1</u>	RF <u>1</u>	Overall Length	<u>191.9</u>	
LF <u>1</u>	LF <u>2</u>	Maximum Width	<u>70.8</u>	
RR <u>2</u>	RR <u>2</u>	Curb Weight	<u>3276</u>	
LR <u>2</u>	LR <u>2</u>	Average Track	<u>57.5</u>	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	<u>39.7</u>	
		Rear Overhang	<u>47.6</u>	
		Engine Size: cyl./ displ.	<u>V6/3.0L</u>	
		Undeformed End Width	<u>60.0</u>	Approximate Cargo Weight <u>150105</u>
TYPE OF TRANSMISSION		<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		



NOTES: Sketch how perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine – more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility – not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco – 78 on, Bronco II, Jimmy, Raincharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (< 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

- (29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (< 4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (< 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup - includes step vans <= 10,000 lbs GVWR, Grumman LLV vehicle) (specify):

- (48) Unknown other light truck type (not a pickup)

- (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

- (59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (> 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

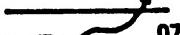
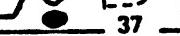
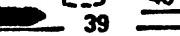
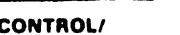
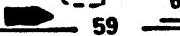
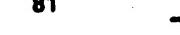
- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type(minibike, motorscooter) (specify):

- (79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

- (99) Unknown body type

Category	Configuration	ACCIDENT TYPES (Includes Intent)										
I. Single Driver	A. Right Roadside Departure				04	05	SPECIFICS OTHER	SPECIFICS UNKNOWN				
	B. Left Roadside Departure				09	10	SPECIFICS OTHER	SPECIFICS UNKNOWN				
	C. Forward Impact				14	15	16	SPECIFICS OTHER	SPECIFICS UNKNOWN			
II. Same Trafficway Same Direction	D. Rear-End				26	28	30	(EACH • 32) (EACH • 33)	SPECIFICS OTHER	SPECIFICS UNKNOWN		
	E. Forward Impact				39	40	41	(EACH • 42) (EACH • 43)	SPECIFICS OTHER	SPECIFICS UNKNOWN		
	F. Sideswipe Angle					(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN					
III. Same Trafficway Opposite Direction	G. Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53)							
	H. Forward Impact							60	61	(EACH • 62) (EACH • 63)	SPECIFICS OTHER	SPECIFICS UNKNOWN
	I. Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67)							
IV. Change Trafficway Vehicle Turning	J. Turn Across Path							(EACH • 74) (EACH • 75)	SPECIFICS OTHER	SPECIFICS UNKNOWN		
	K. Turn Into Path							(EACH • 84) (EACH • 85)	SPECIFICS OTHER	SPECIFICS UNKNOWN		
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths					(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN					
VI. Miscellaneous	M. Backing Etc.			OTHER VEH. OR OBJECT	BACKING VEH.	98 Other Accident Type 99 Unknown Accident Type 00 No Impact						

OCCUPANT RELATED**16. Driver Presence in Vehicle**

- (0) Driver not present
- (1) Driver present
- (9) Unknown

17. Number of Occupants This Vehicle

(00-96) Code actual number of occupants for this vehicle

- (97) 97 or more
- (99) Unknown

18. Number of Occupant Forms Submitted06**VEHICLE WEIGHT ITEMS****19. Vehicle Curb Weight**

3276 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
- (135) 13,500 lbs or more
- (999) Unknown

Source: _____

20. Vehicle Cargo Weight

150 Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
- (97) 9,650 lbs or more
- (99) Unknown

RECONSTRUCTION DATA**21. Towed Trailing Unit**

- (0) No towed unit
- (1) Yes - towed trailing unit
- (9) Unknown

22. Documentation of Trajectory Data for This Vehicle

- (0) No
- (1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify): _____

(9) Unknown

24. Rollover

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
- (2) Rollover, 2 quarter turns
- (3) Rollover, 3 quarter turns
- (4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover - end-over-end (i.e., primarily about the lateral axis)

(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)**25. Front Override/Underride (this vehicle)****26. Rear Override/Underride (this vehicle)**

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify): _____

Underride (see specific CDC)

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck override
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
- (998) Impact with object
- (999) Unknown

27. Heading Angle for This Vehicle345**28. Heading Angle for Other Vehicle**165

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>OZ</u>	5. <u>OZ</u>	6. <u>LZ</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>OZ</u>

Second Highest Delta "V"

12. O1 13. O3 14. LZ 15. L 16. F 17. E 18. W 19. O1

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C1</u>	<u>C2</u>	<u>C3</u>	<u>C4</u>	<u>C5</u>	<u>C6</u>	22. + - D
<u>60</u>	<u>23</u> ^{.4}	<u>24</u> ^{.1}	<u>25</u> ^{.8}	<u>24</u> ^{.9}	<u>27</u> ⁻	<u>32</u> ^{.7}	<u>60</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C1</u>	<u>C2</u>	<u>C3</u>	<u>C4</u>	<u>C5</u>	<u>C6</u>	25. + - D
<u>CDC</u>	<u>ONLY</u>			<u>CONTAMINATED</u>	<u>IMPACT #2</u>	<u>B4</u>	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File?

- (0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase

1061

Code to the nearest tenth of an inch
(9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09=0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

Case Number D5I-91-CS-01

Vehicle Number 0L

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (rear)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 3 7. LR 3 8. RR 3 9. TG/H 1

(0) No door/gate/hatch

- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening In Collision, If IV05-IV09 ≠ 2, Then Code 0.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 5 16. LF 6 17. RF 6 18. LR 0 19. RR 0
20. BL 0 21. Roof 2 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 5 24. LF 9 25. RF 9 26. LR 1 27. RR 1
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 4 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 – Laminated
- (2) AS-2 – Tempered
- (3) AS-3 – Tempered-tinted
- (4) AS-14 – Glass/Plastic
- (8) Other (specify):

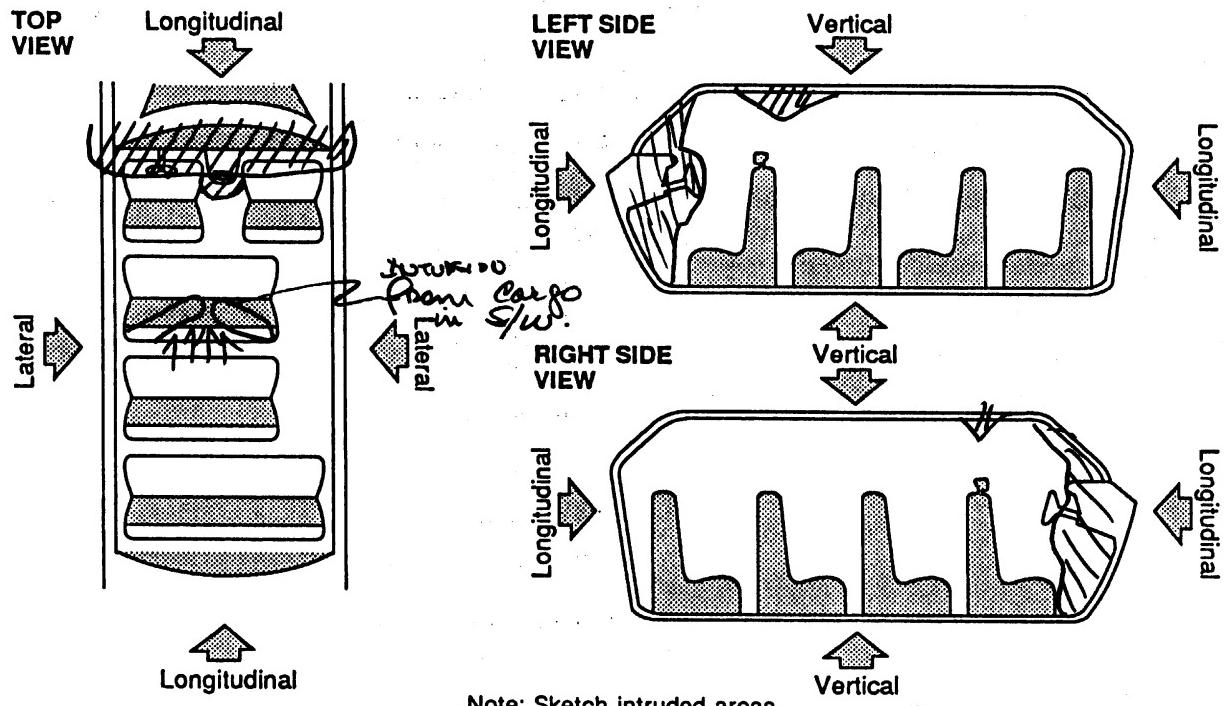
(9) Unknown

Window Precrash Glazing Status

39. WS 4 40. LF 2 41. RF 2 42. LR 2 43. RR 2
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORK SHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	"A" Pillar	35.7	-	26.0	=	9.7	Long.
11	L/I Just Rail	29.5	-	27.5	=	2.0	Long.
11	S. Wheel	24.8	-	19.0	=	5.0	Long.
11	Toe Pan	42.3	-	34.0	=	8.3	Long.
11	Roof Rail	0.0	-	5.0	=	5.0	Vert.
12	Ctr. Just	27.75	-	25.0	=	2.75	Long.
12	Vert. Radio Panel	25.0	-	22.0	=	3.0	Long.
13	R/I Just. Panel	29.5	-	22.0	=	7.5	Long.
13	Toe Pan	42.3	-	36.0	=	6.3	Long.
13	Roof Rail	0.0	-	4.5	=	4.5	Vert.
21	L/Seat Back	0.0	-	4.0	=	4.0	Long
22	C/Seat Pos.	0.0	-	12.0	=	12.0	Long
23	R/Seat Back	0.0	-	4.0	=	4.0	Long
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

* Documented - Not Coded Per NASA Coding Standard

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Crush Direction	Dominant
1st 47.	11	48. Ø 6	49. 3	50. 2
2nd 51.	11	52. Ø 5	53. 3	54. 2
3rd 55.	13	56. Ø 4	57. 3	58. 2
4th 59.	13	60. Ø 5	61. 3	62. 2
5th 63.	11	64. 1 3	65. 2	66. 1
6th 67.	11	68. Ø 1	69. 2	70. 2
7th 71.	13	72. 1 3	73. 2	74. 1
8th 75.	12	76. Ø 3	77. 2	78. 1
9th 79.	1 2	80. Ø 3	81. 1	82. 1
10th 83.	11	84. Ø 2	85. 1	86. 1

LOCATION OF INTRUSION

Front Seat Fourth Seat
 (11) Left (41) Left
 (12) Middle (42) Middle
 (13) Right (43) Right

Second Seat (97) Catastrophic
 (21) Left (98) Other enclosed
 (22) Middle area (specify):
 (23) Right

Third Seat (99) Unknown
 (31) Left
 (32) Middle
 (33) Right

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

-
- (27) Side panel - forward of the A-pillar
 - (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify):

-
- (32) Other exterior object in the environment
 (specify):

- (33) Unknown exterior object

- (97) Catastrophic

- (98) Intrusion of unlisted component(s)

(specify):

- (99) Unknown

MAGNITUDE OF INTRUSION

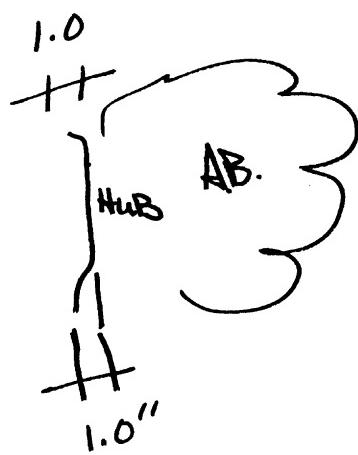
- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
Top / 0.0	-	1.0	=	1.0
Bottom / 0.0	-	1.0	=	1.0
	-		=	
	-		=	



STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XX

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XXX

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XXX

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XXX

92. Steering Rim/Spoke Deformation

- _____ Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation

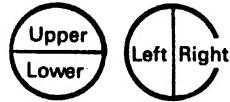
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL**94. Odometer Reading**

16001.1 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: Inspection**95. Instrument Panel Damage from Occupant Contact?**

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

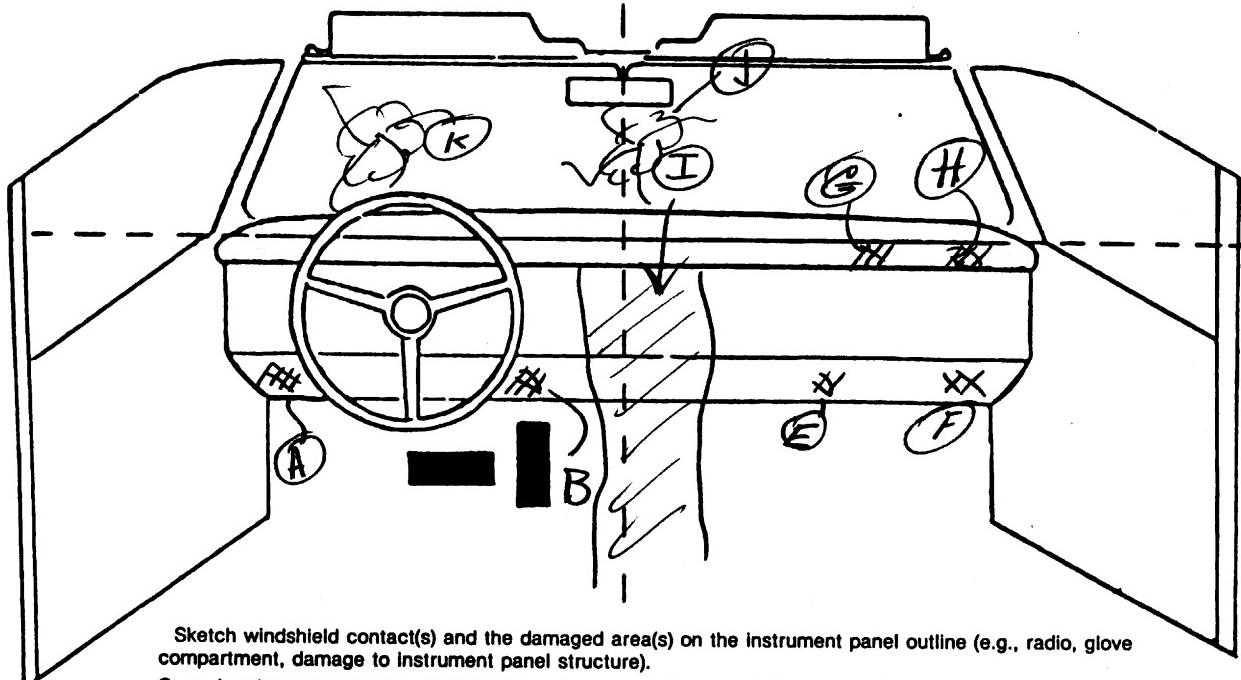
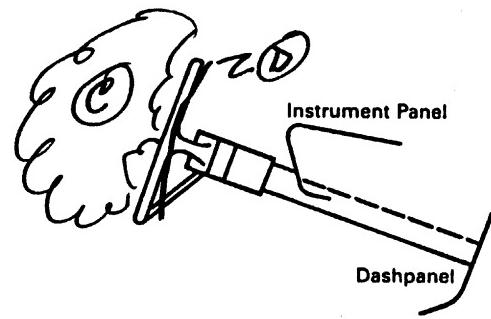
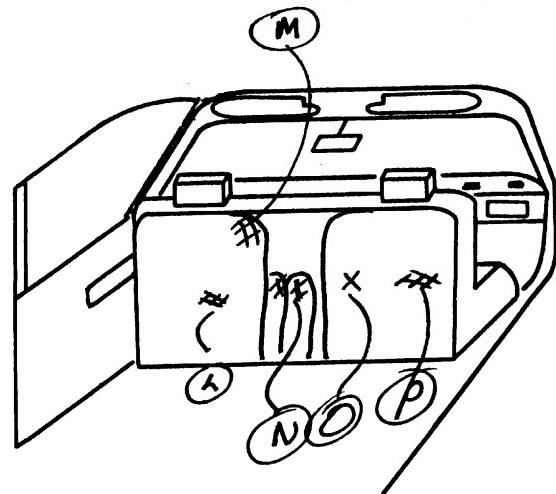
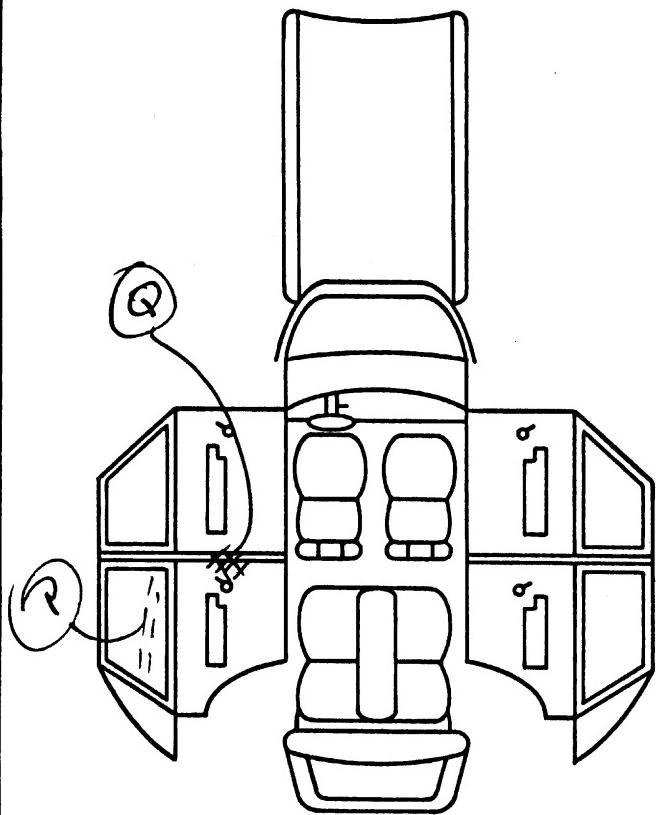
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	1 3/4S	Ø1	L/KNEE	Dented, ABRASED	/
B	1 3/4S	Ø1	R/KNEE	Dented, ABRASED	/
C	45	Ø1	CHEST	AB Deployed / Glass Smudge	/
D	Ø5	Ø1	R/L HANDS	Deformed	/
E	1 3 1/2S	Ø3	L/KNEE	ABRASED	/
F	1 3 2/3S	Ø3	R/KNEE	ABRASED	/
G	11	Ø3	L/HAND	Skin, Deformed	/
H	11	Ø3	R/HAND	Skin, Deformed	/
I	10	Ø2	TORSO	Fabric, Skin, Deformed	/
J	Ø1	Ø3	HEAD	Sp. Impact, Hair	/
K	Ø1	Ø1	HEAD	Sp. Impact Hair Skin	/
L ±M	4Ø	Ø4		ABRASED	/
N	46	Ø5	TORSO	Smudge	/
O & P	4Ø	Ø6	HEAD	Smudge, BLOOD	/

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____

FT. CTR. ARM REST

- (47) Interior loose objects

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	<u>04</u>					
1. Type of Child Safety Seat	<u>4</u>					
2. Child Safety Seat Orientation	<u>02</u>					
3. Child Safety Seat Harness Usage	<u>03</u>					
4. Child Safety Seat Shield Usage	<u>12</u>					
5. Child Safety Seat Tether Usage	<u>03</u>					
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

- (04) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

WINGS - BOOSTER SEAT

EARLY Model - QUESTOR / KANTAVET

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Availability	/	Ø	Ø
	Function	/	Ø	Ø
	Failure	/	Ø	Ø

AIR BAGS

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

-
- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

-
- (9) Unknown

AUTOMATIC BELTS

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts—type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

-
- (8) Other improper use of automatic belt system

- (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify):
-
- (6) Broken retractor
 - (7) Combination of above (specify):
 - (8) Other automatic belt failure (specify):

-
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	3	4
	Use	00	00	00
	Failure Modes	1	1	1
S E C O N D	Availability	4	3	4
	Use	07	03	04
	Failure Modes	14	1	1
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	4	0	4
	Seat Type	04	04	04
	Seat Performance	5	5	5
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	6	6	6
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
*Cargo from Camp Area
of STATION Wagon*

- (7) Combination of above (specify):
*Cargo from Camp Area
of STATION Wagon*
- (8) Other (specify): _____

- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [X] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No [] Yes [X]

Describe entrapment mechanism:

*Lower L/Dash Sheet Metal
entrapped Driver's legs.*

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

DST 91-CB-01

Case Number

Vehicle Number

Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

26

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

99

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

160

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available-type unknown
 (8) Other belt (specify):

 (9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used-type unknown
 (08) Other belt used (specify):

 (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat-type unknown
 (18) Other belt used with child safety seat
 (specify):

 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):

- (8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):

 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral-no damage
 (2) Integral-damaged during accident
 (3) Adjustable-no damage
 (4) Adjustable-damaged during accident
 (5) Add-on-no damage
 (6) Add-on-damaged during accident
 (8) Other (specify):

(9) Unknown

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

*✓ ✓***30. Child Safety Seat Orientation**

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

*✓ ✓***31. Child Safety Seat Harness Usage***✓ ✓***32. Child Safety Seat Shield Usage***✓ ✓***33. Child Safety Seat Tether Usage***✓ ✓*

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

✓

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	<u>3</u>
(0) O—No injury (1) C—Possible injury (2) B—Nonincapacitating injury (3) A—Incapacitating injury (4) K—Killed (5) U—Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment—Mortality	<u>3</u>
(0) No treatment (1) Fatal (2) Fatal—ruled disease Nonfatal (3) Hospitalized (4) Transported and released (5) Treatment at scene—nontransported (6) Treatment later (8) Treatment—other (specify): (9) Unknown	
36. Type of Medical Facility (for Initial Treatment)	<u>2</u>
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown	
37. Hospital stay	<u>29</u>
Code number of days (up through 60) that the occupant stayed in the hospital (00) Not hospitalized (61) 61 days or more (99) Unknown	
98. Glasgow Coma Score (upon admission)	<u>29</u>
(99) Unknown	
38. Working Days Lost	<u>99</u>
Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
39. Time to Death	<u>Ø Ø</u>
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal—ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	<u>Ø Ø</u>
41. 2nd Medically Reported Cause of Death	<u>Ø Ø</u>
42. 3rd Medically Reported Cause of Death	<u>Ø Ø</u>
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (97) Other result (specify): (99) Unknown	
43. Number of Recorded Injuries for This Occupant	<u>12</u>
Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	
99. Case Occupant	<u>Ø</u>
(0) Not the Case occupant (1) This is the Case occupant (2) This is the Case occupant in another case	

UPDATE CANDIDATE

NO [] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
**IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DSI-91-C8-#1

Vehicle Number

Q1

Occupant Number

Q1

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.—A.I.S.						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			

1st	5. <i>S</i>	6. <i>R</i>	7. <i>R</i>	8. <i>E</i>	9. <i>S</i>	10. <i>S</i>	11. <i>Q4</i>	12. <i>1</i>	13. <i>1</i>	14. <i>Q6</i>
2nd	15. <i>S</i>	16. <i>R</i>	17. <i>R</i>	18. <i>E</i>	19. <i>S</i>	20. <i>S</i>	21. <i>Q4</i>	22. <i>1</i>	23. <i>1</i>	24. <i>Q6</i>
3rd	25. <i>S</i>	26. <i>R</i>	27. <i>L</i>	28. <i>E</i>	29. <i>S</i>	30. <i>S</i>	31. <i>Q4</i>	32. <i>1</i>	33. <i>1</i>	34. <i>Q6</i>
4th	35. <i>S</i>	36. <i>R</i>	37. <i>L</i>	38. <i>E</i>	39. <i>S</i>	40. <i>S</i>	41. <i>Q4</i>	42. <i>1</i>	43. <i>1</i>	44. <i>Q6</i>
5th	45. <i>S</i>	46. <i>K</i>	47. <i>R</i>	48. <i>E</i>	49. <i>S</i>	50. <i>Z</i>	51. <i>Q6</i>	52. <i>1</i>	53. <i>1</i>	54. <i>Q2</i>
6th	55. <i>S</i>	56. <i>L</i>	57. <i>R</i>	58. <i>E</i>	59. <i>S</i>	60. <i>Z</i>	61. <i>Q6</i>	62. <i>1</i>	63. <i>1</i>	64. <i>Q2</i>
7th	65. <i>S</i>	66. <i>Q</i>	67. <i>R</i>	68. <i>E</i>	69. <i>S</i>	70. <i>Z</i>	71. <i>Q6</i>	72. <i>1</i>	73. <i>1</i>	74. <i>Q2</i>
8th	75. <i>S</i>	76. <i>P</i>	77. <i>R</i>	78. <i>E</i>	79. <i>S</i>	80. <i>Z</i>	81. <i>Q6</i>	82. <i>1</i>	83. <i>1</i>	84. <i>Q2</i>
9th	85. <i>S</i>	86. <i>I</i>	87. <i>L</i>	88. <i>E</i>	89. <i>S</i>	90. <i>S</i>	91. <i>Q6</i>	92. <i>1</i>	93. <i>1</i>	94. <i>Q2</i>
10th	95. <i>S</i>	96. <i>P</i>	97. <i>L</i>	98. <i>E</i>	99. <i>S</i>	100. <i>R</i>	101. <i>Q6</i>	102. <i>1</i>	103. <i>1</i>	104. <i>Q2</i>

ICD-9

OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	8	Q	W	A	I	1	97	L	L
12th	8	Q	W	C	I	1	97	L	L
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—

Medical Records/Interview of Driver by Inv. Officer TRANSCRIBED from Notes

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): See Above

- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): JUST impact forces

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail

- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

- (44) Head restraint system

- (45) Air bag

- (46) Other occupants (specify):

- (47) Interior loose objects

- (48) Child safety seat (specify):

- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (55) Floor including toe pan
- (56) Floor or console mounted transmission lever, including console
- (57) Parking brake handle
- (58) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

- (73) Hood

- (74) Hood ornament

- (75) Windshield, roof rail, A-pillar

- (76) Side surface

- (77) Side mirrors

- (78) Other side protrusions (specify):

- (79) Rear surface

- (80) Undercarriage

- (81) Tires and wheels

- (82) Other exterior of other motor vehicle (specify):

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground

- (85) Other vehicle or object (specify):

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle

- (91) Flying glass

- (92) Other noncontact injury source (specify):

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury

- (2) Indirect contact injury

- (3) Noncontact injury

- (7) Injured, unknown source

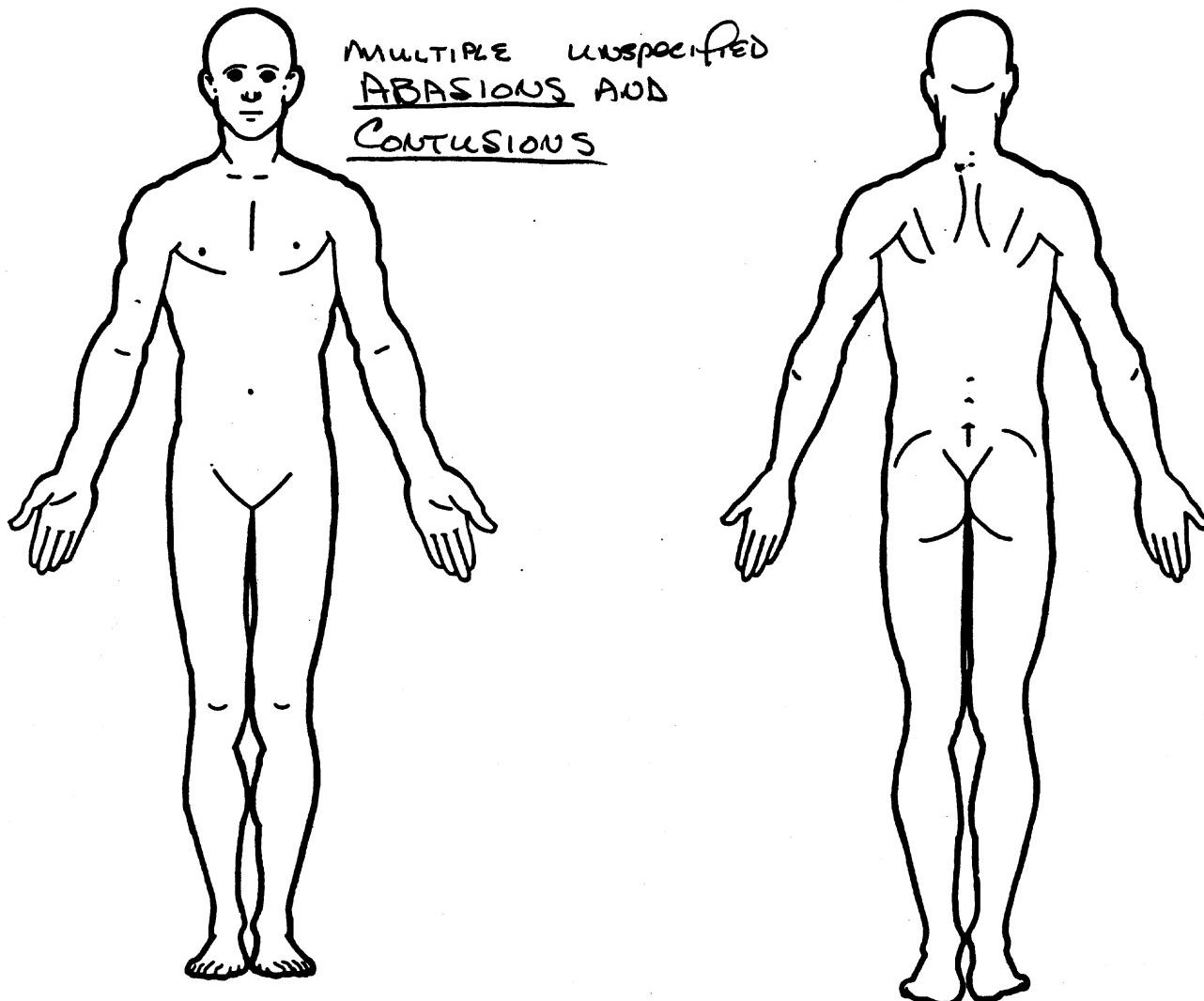
OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

(W)	Wrist-hand	(G)	Detachment, separation	(I)	Integumentary
(A)	Aspect of Injury	(D)	Dislocation	(J)	Joints
(B)	(A) Anterior-front	(F)	Fracture	(K)	Kidneys
(C)	(B) Bilateral (rib fracture only).	(Z)	Fracture and dislocation	(L)	Liver
(E)	(C) Central	(U)	Injured, unknown lesion	(M)	Muscles
(F)	(I) Inferior-lower	(O)	Other	(N)	Nervous system
(R)	(U) Injured, unknown aspect	(P)	Perforation, puncture	(P)	Pulmonary-lungs
(H)	(L) Left	(R)	Rupture	(R)	Respiratory
(I)	(P) Posterior-back	(S)	Sprain	(S)	Skeletal
(J)	(R) Right	(T)	Strain	(C)	Spinal cord
(K)	(S) Superior-upper	(E)	Total severance, transection	(Q)	Spleen
(L)	(W) Whole region	System/Organ		(T)	Thyroid, other endocrine gland
(Y)	Lower limb(s) (whole or unknown part)			(G)	Urogenital
(N)	Neck-cervical spine	(A)	All systems in region	(V)	Vertebrae
(P)	Pelvic-hip	(B)	Arteries-veins	Abbreviated Injury Scale	
(S)	Shoulder	(M)	Brain	(1)	Minor injury
(T)	Thigh	(V)	Digestive	(2)	Moderate injury
(X)	Upper limb(s) (whole or unknown part)	(B)	Ears	(3)	Serious injury
(O)	Whole body	(K)	Eye	(4)	Severe injury
		(C)	Heart	(5)	Critical injury
		(N)	Injured, unknown system	(6)	Maximum (untreatable)
				(7)	Injured, unknown severity

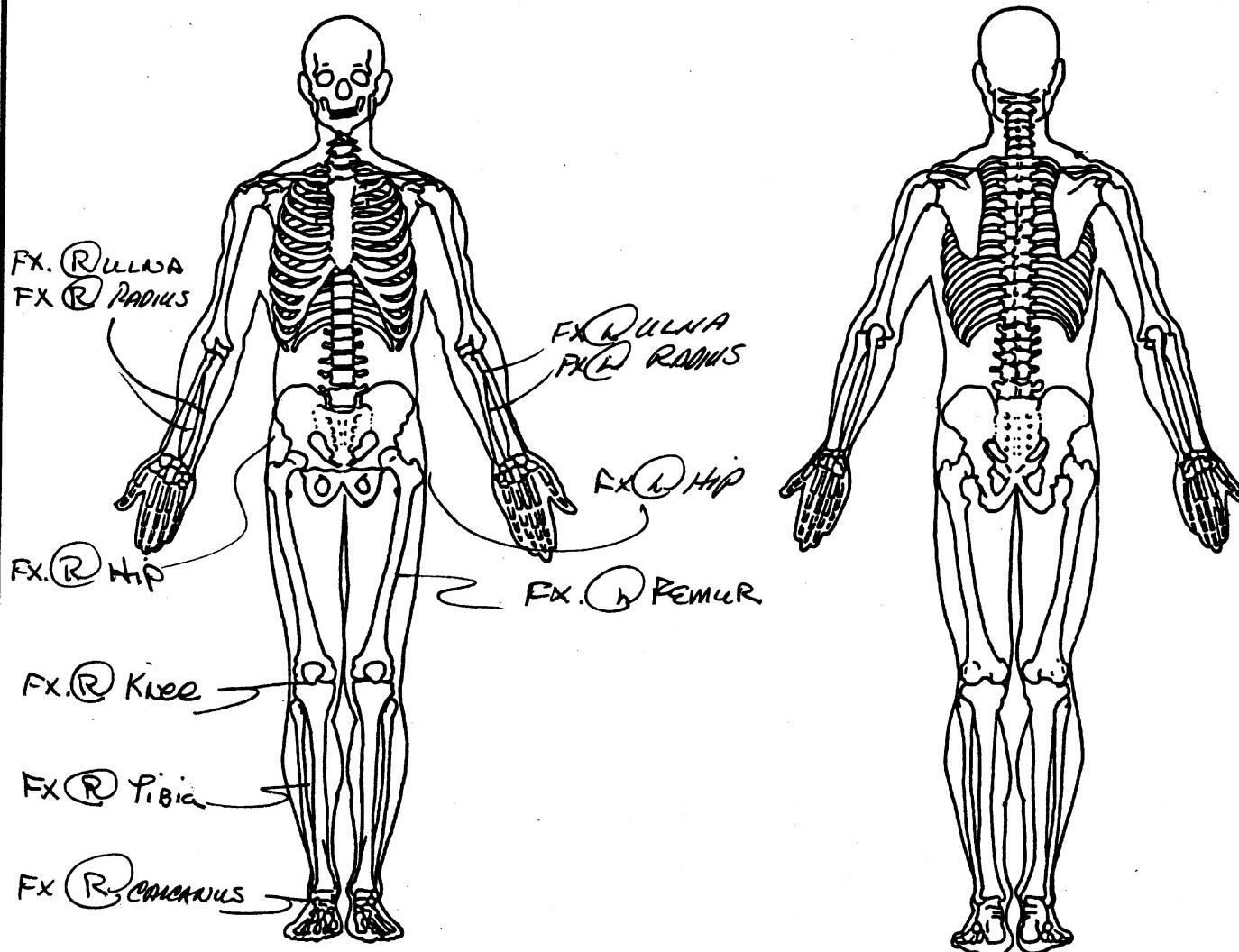
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



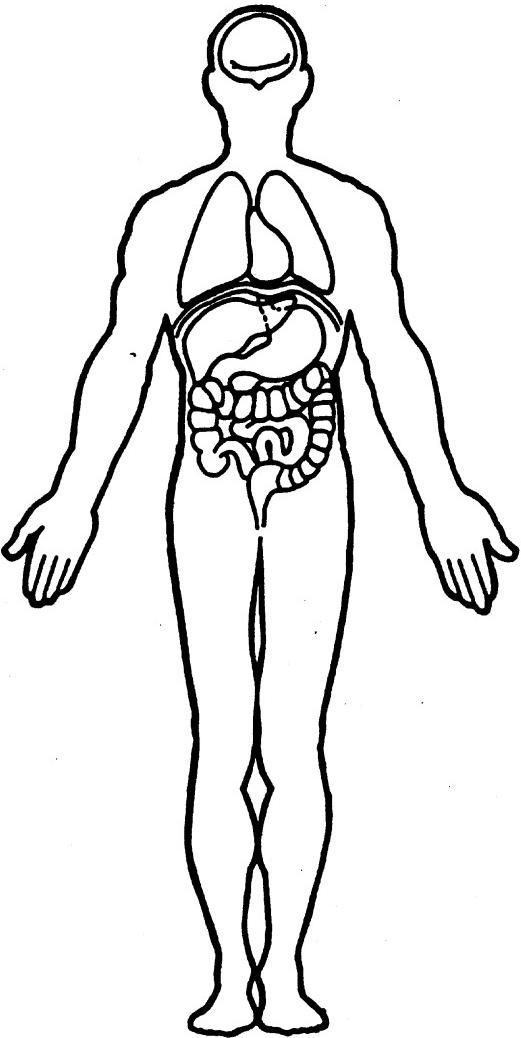
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

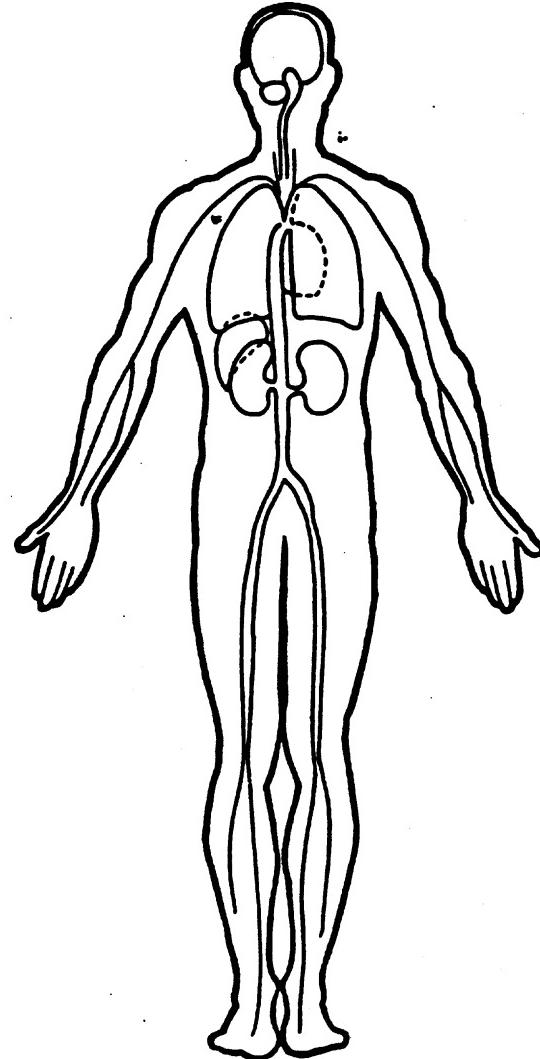


OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Nope





OCCUPANT ASSESSMENT FORM

Case Number Vehicle Number Occupant Number	DST-91-CF-01 Q1 Q2	11. Occupant's Posture (0) Normal posture (1) Abnormal posture (specify): (9) Unknown
OCCUPANT'S CHARACTERISTICS		EJECTION/ENTRAPMENT
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):	15	12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown
(97) 97 years and older (99) Unknown		13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown
6. Occupant's Sex (1) Male (2) Female (9) Unknown	2	14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown
7. Occupant's Height Code actual height to the nearest inch. (99) Unknown	99	15. Medium Status (Immediately Prior to Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
8. Occupant's Weight Code actual weight to the nearest pound. (999) Unknown	110	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	2	
10. Occupant's Seat Position Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown	12	

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
 (8) Other belt (specify): _____
 (9) Unknown

3**18. Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____

Ø Ø

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) BeltsØ

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During AccidentØ

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (8) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/FunctionØ

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System DeploymentØ

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?Ø

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint UseØ

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant PositionØ

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage**32. Child Safety Seat Shield Usage****33. Child Safety Seat Tether Usage**

Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown**37. Hospital stay**

- 99
____ Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**99
98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- 99
____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- 99
____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 99
____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- 97
____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

**99
99. Case Occupant**

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATE**NO [X] YES []**

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)**Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE?

NO [X] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DST-91-CB-01

Vehicle Number

Q1
Q2

Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

O.I.C.—A.I.S.									
Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.

1st	5. Q	6. L	7. R	8. F	9. S	10. Z	11. S	12. L	13. 1	14. Q4
2nd	15. Q	16. L	17. R	18. F	19. S	20. Z	21. S	22. L	23. 1	24. Q
3rd	25. Q	26. L	27. L	28. F	29. S	30. Z	31. S	32. L	33. 1	34. Q2
4th	35. Q	36. L	37. L	38. F	39. S	40. Z	41. S	42. L	43. 1	44. Q2
5th	45. Q	46. R	47. L	48. F	49. S	50. Z	51. S	52. L	53. 1	54. Q9
6th	55. Q	56. R	57. L	58. F	59. S	60. Z	61. S	62. L	63. 1	64. Q9
7th	65. Q	66. R	67. S	68. Z	69. V	70. Z	71. L	72. L	73. 1	74. Q4
8th	75. —	76. —	77. —	78. —	79. —	80. —	81. —	82. —	83. —	84. —
9th	85. —	86. —	87. —	88. —	89. —	90. —	91. —	92. —	93. —	94. —
10th	95. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —	104. —

ICD-9

*TRANSCRIBED from I.O. Report from
ATTENDING Doctor, HOSPITAL*

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): See Dave
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): 10, 56, 340

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

REAR

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify):

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify):

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (O) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand

- Aspect of Injury**
- (A) Anterior-front
- (B) Bilateral (rib fracture only).
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

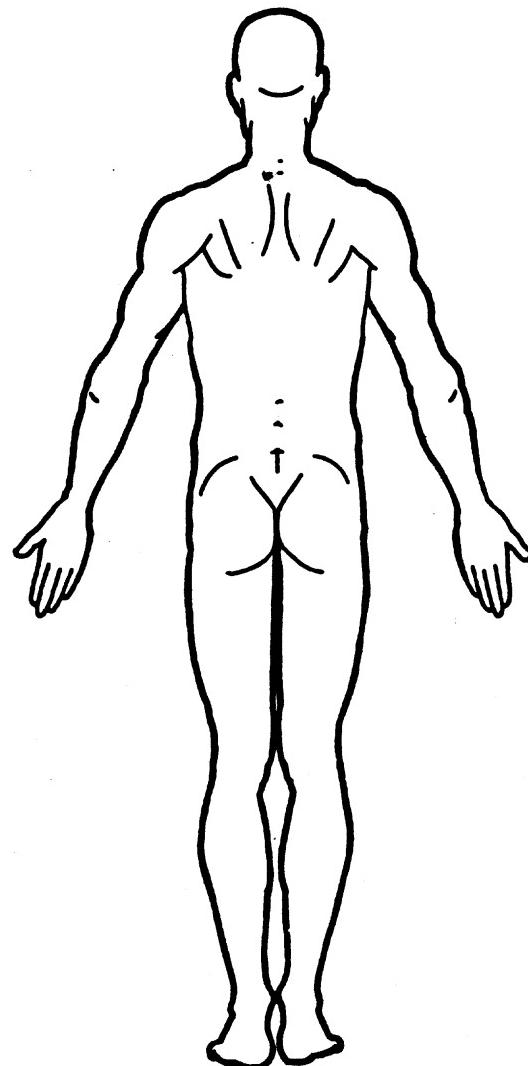
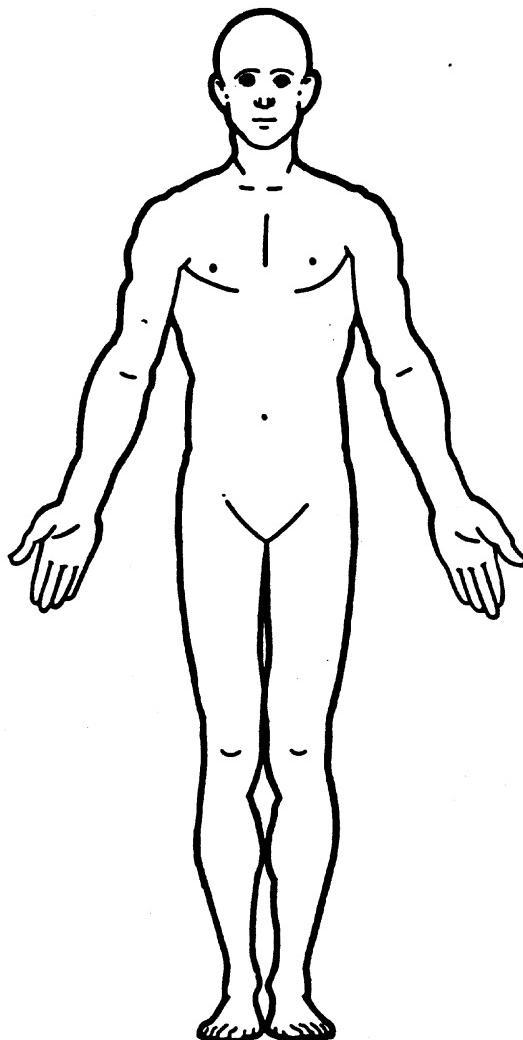
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

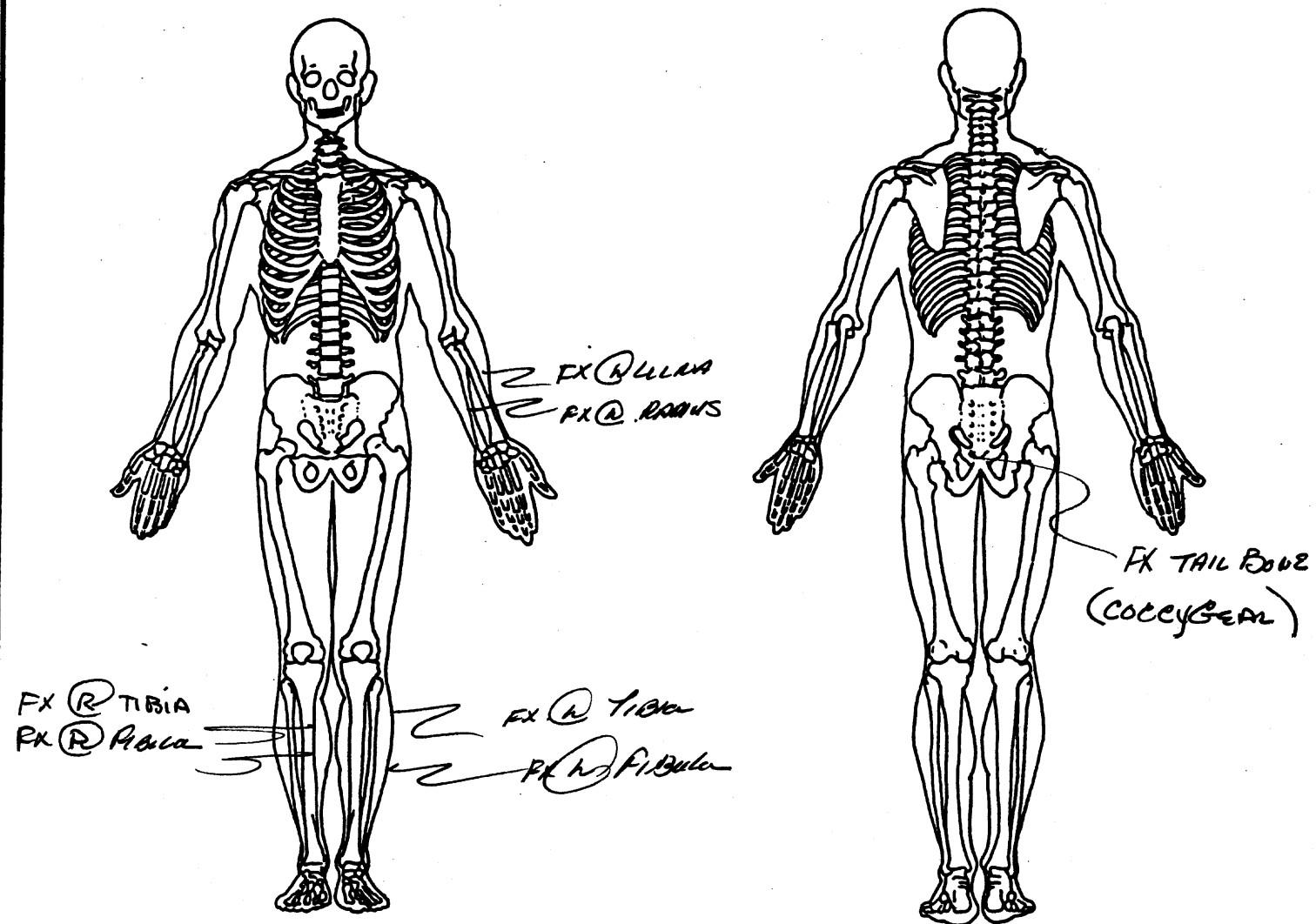
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



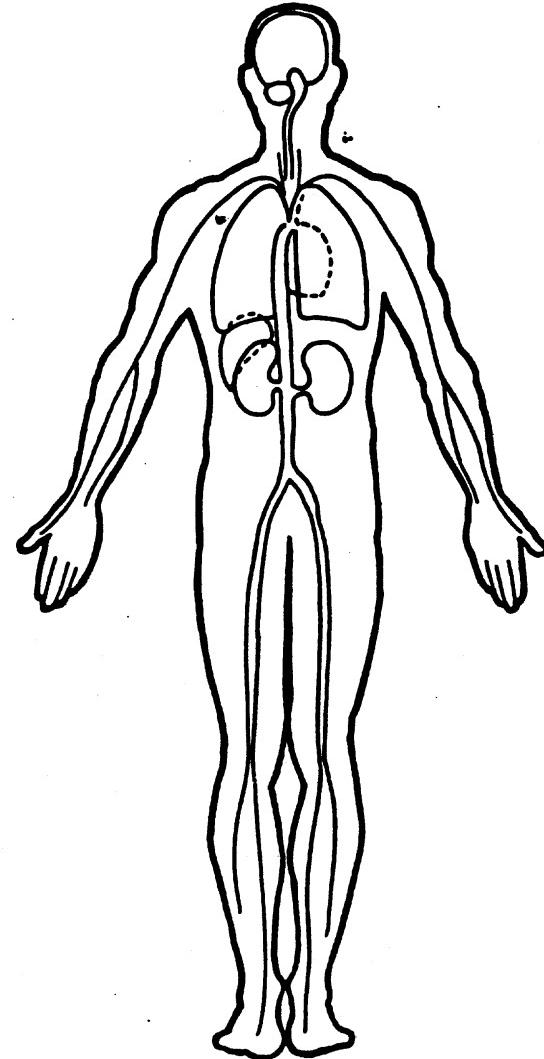
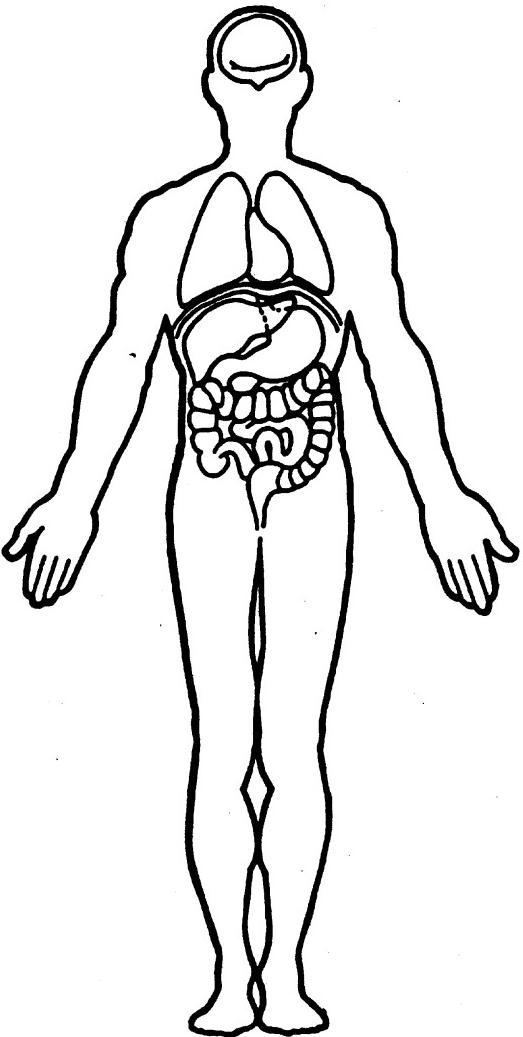
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

Case Number	DSI-91-C8-01	11. Occupant's Posture (0) Normal posture (1) Abnormal posture (specify): (9) Unknown	
Vehicle Number	01	EJECTION/ENTRAPMENT	
Occupant Number	03	12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	
OCCUPANT'S CHARACTERISTICS		13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	
5. Occupant's Age	24	14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	
Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown		15. Medium Status (Immediately Prior to Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown	
6. Occupant's Sex	2	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown	
(1) Male (2) Female (9) Unknown			
7. Occupant's Height	99		
Code actual height to the nearest inch. (99) Unknown			
8. Occupant's Weight	999		
Code actual weight to the nearest pound. (999) Unknown			
9. Occupant's Role	2		
(1) Driver (2) Passenger (9) Unknown			
10. Occupant's Seat Position	13		
Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant			
Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant			
Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant			
Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant			
(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown			

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
 (8) Other belt (specify):

 (9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

- (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat
 (specify):

 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):

- (8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):

- (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

3

26. Seat Type (This Occupant Position)

- CB
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., van type)
 - (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion
(specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown**37. Hospital stay**

- 99
- Code number of days (up through 60) that the occupant stayed in the hospital
 - (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**98. Glasgow Coma Score
(upon admission)**99
(99) Unknown**38. Working Days Lost**

- 99
- Code the number of days (up through 60) that the occupant lost from work due to the accident
 - (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- 00
- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 - (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death00**41. 2nd Medically Reported Cause of Death**00**42. 3rd Medically Reported Cause of Death**00

- 00
- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 - (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**15

- 00
- Code the actual number of injuries recorded for this occupant.
 - (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant0

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATE**NO [X] YES []**

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE?NO YES **OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION?** NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number:

DST-91-C8-01

Vehicle Number

Q1
Q3

Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S.					Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>Q</u>	6. <u>F</u>	7. <u>D</u>	8. <u>L</u>	9. <u>I</u>	10. <u>Z</u>	11. <u>Q1</u>	12. <u>1</u>	13. <u>1</u>	14. <u>Q3</u>
2nd	15. <u>Q</u>	16. <u>K</u>	17. <u>R</u>	18. <u>L</u>	19. <u>I</u>	20. <u>Z</u>	21. <u>11</u>	22. <u>1</u>	23. <u>1</u>	24. <u>Q3</u>
3rd	25. <u>Q</u>	26. <u>I</u>	27. <u>L</u>	28. <u>E</u>	29. <u>S</u>	30. <u>Z</u>	31. <u>31</u>	32. <u>1</u>	33. <u>1</u>	34. <u>Q3</u>
4th	35. <u>Q</u>	36. <u>P</u>	37. <u>L</u>	38. <u>Z</u>	39. <u>1</u>	40. <u>3</u>	41. <u>37</u>	42. <u>1</u>	43. <u>1</u>	44. <u>Q3</u>
5th	45. <u>Q</u>	46. <u>P</u>	47. <u>B</u>	48. <u>E</u>	49. <u>S</u>	50. <u>Z</u>	51. <u>31</u>	52. <u>1</u>	53. <u>1</u>	54. <u>Q3</u>
6th	55. <u>Q</u>	56. <u>W</u>	57. <u>R</u>	58. <u>D</u>	59. <u>J</u>	60. <u>Z</u>	61. <u>11</u>	62. <u>1</u>	63. <u>1</u>	64. <u>Q3</u>
7th	65. <u>Q</u>	66. <u>W</u>	67. <u>R</u>	68. <u>D</u>	69. <u>J</u>	70. <u>Z</u>	71. <u>11</u>	72. <u>1</u>	73. <u>1</u>	74. <u>Q3</u>
8th	75. <u>Q</u>	76. <u>W</u>	77. <u>L</u>	78. <u>C</u>	79. <u>Q</u>	80. <u>Z</u>	81. <u>46</u>	82. <u>Z</u>	83. <u>1</u>	84. <u>Q3</u>
9th	85. <u>Q</u>	86. <u>C</u>	87. <u>W</u>	88. <u>P</u>	89. <u>P</u>	90. <u>Z</u>	91. <u>46</u>	92. <u>Z</u>	93. <u>1</u>	94. <u>Q3</u>
10th	95. <u>Q</u>	96. <u>C</u>	97. <u>W</u>	98. <u>F</u>	99. <u>S</u>	100. <u>Z</u>	101. <u>46</u>	102. <u>Z</u>	103. <u>1</u>	104. <u>Q3</u>

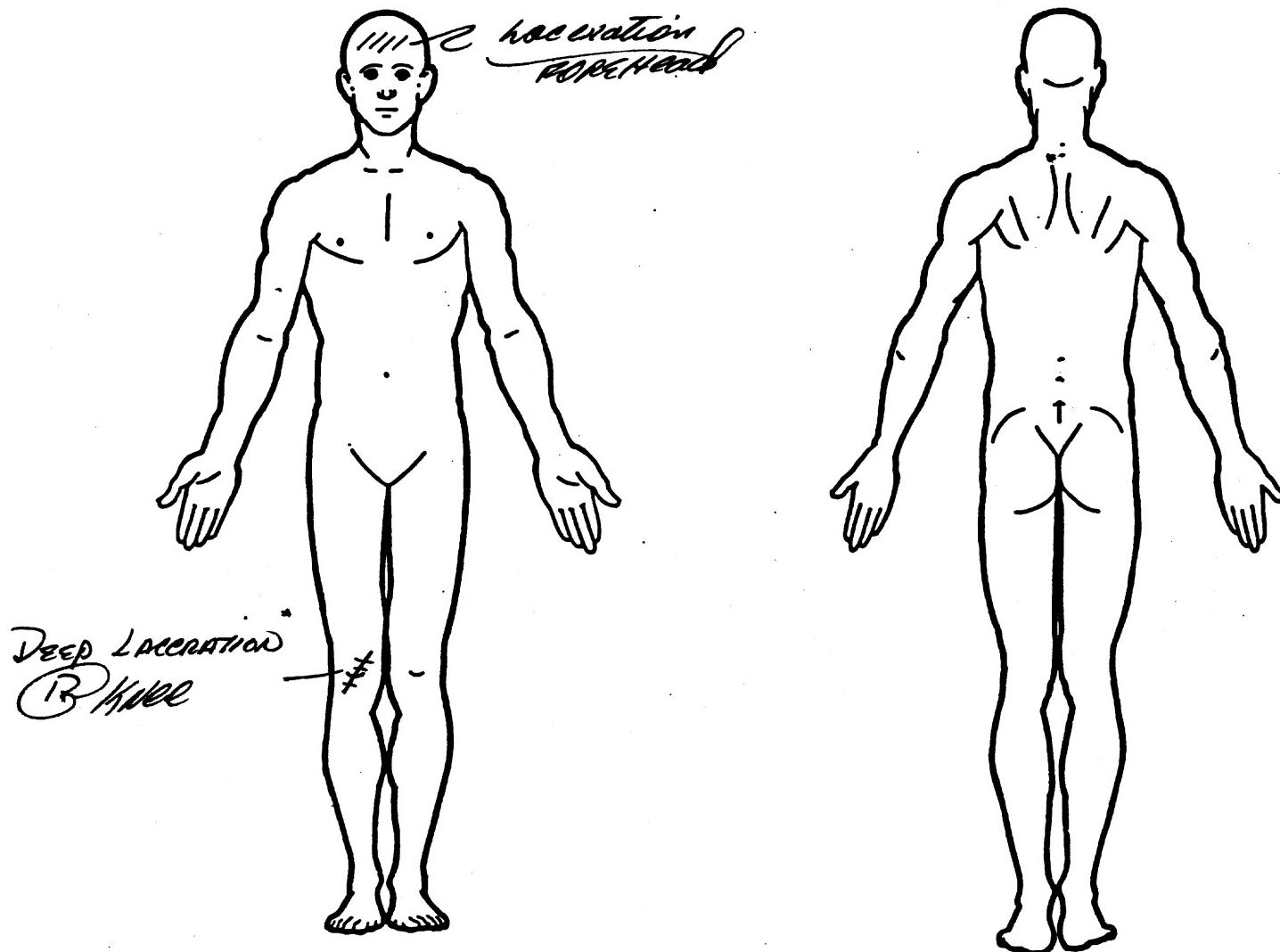
ICD-9

OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.—A.I.S.						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			
11th	8	S	L	F	8	2	37	1	1 03
12th	8	L	R	F	8	2	37	1	1 03
13th	8	L	R	F	8	2	37	1	1 03
14th	8	L	R	F	8	2	32	1	1 03
15th	8	L	R	F	8	2	37	1	1 03
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

(27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail

(37) Other right side object (specify): #11E92

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

(44) Head restraint system

(45) Air bag

(46) Other occupants (specify): 62

(47) Interior loose objects

(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

(73) Hood

(74) Hood ornament

(75) Windshield, roof rail, A-pillar

(76) Side surface

(77) Side mirrors

(78) Other side protrusions (specify):

(79) Rear surface

(80) Undercarriage

(81) Tires and wheels

(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify):

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): IMPACT FORCES

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- | | |
|---|-----------------------------------|
| (M) Abdomen | (W) Wrist-hand |
| (Q) Ankle-foot | Aspect of Injury |
| (A) Arm (upper) | (A) Anterior-front |
| (B) Back-thoracolumbar spine | (B) Bilateral (rib fracture only) |
| (C) Chest | (C) Central |
| (E) Elbow | (I) Inferior-lower |
| (F) Face | (U) Injured, unknown aspect |
| (R) Forearm | (L) Left |
| (H) Head-skull | (P) Posterior-back |
| (U) Injured, unknown region | (R) Right |
| (K) Knee | (S) Superior-upper |
| (L) Leg (lower) | (W) Whole region |
| (Y) Lower limb(s) (whole or unknown part) | Lesion |
| (N) Neck-cervical spine | (A) Abrasion |
| (P) Pelvic-hip | (M) Amputation |
| (S) Shoulder | (V) Avulsion |
| (T) Thigh | (B) Burn |
| (X) Upper limb(s) (whole or unknown part) | (K) Concussion |
| (O) Whole body | (C) Contusion |
| | (N) Crush |

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other

(P) Perforation, puncture

(R) Rupture

(S) Sprain

(T) Strain

(E) Total severance, transection

System/Organ

(W) All systems in region

(A) Arteries-veins

(B) Brain

(D) Digestive

(E) Ears

(O) Eye

(H) Heart

(U) Injured, unknown system

(I) Integumentary

(J) Joints

(K) Kidneys

(L) Liver

(M) Muscles

(N) Nervous system

(P) Pulmonary-lungs

(R) Respiratory

(S) Skeletal

(C) Spinal cord

(Q) Spleen

(T) Thyroid, other endocrine gland

(G) Urogenital

(V) Vertebrae

Abbreviated Injury Scale

(1) Minor injury

(2) Moderate injury

(3) Serious injury

(4) Severe injury

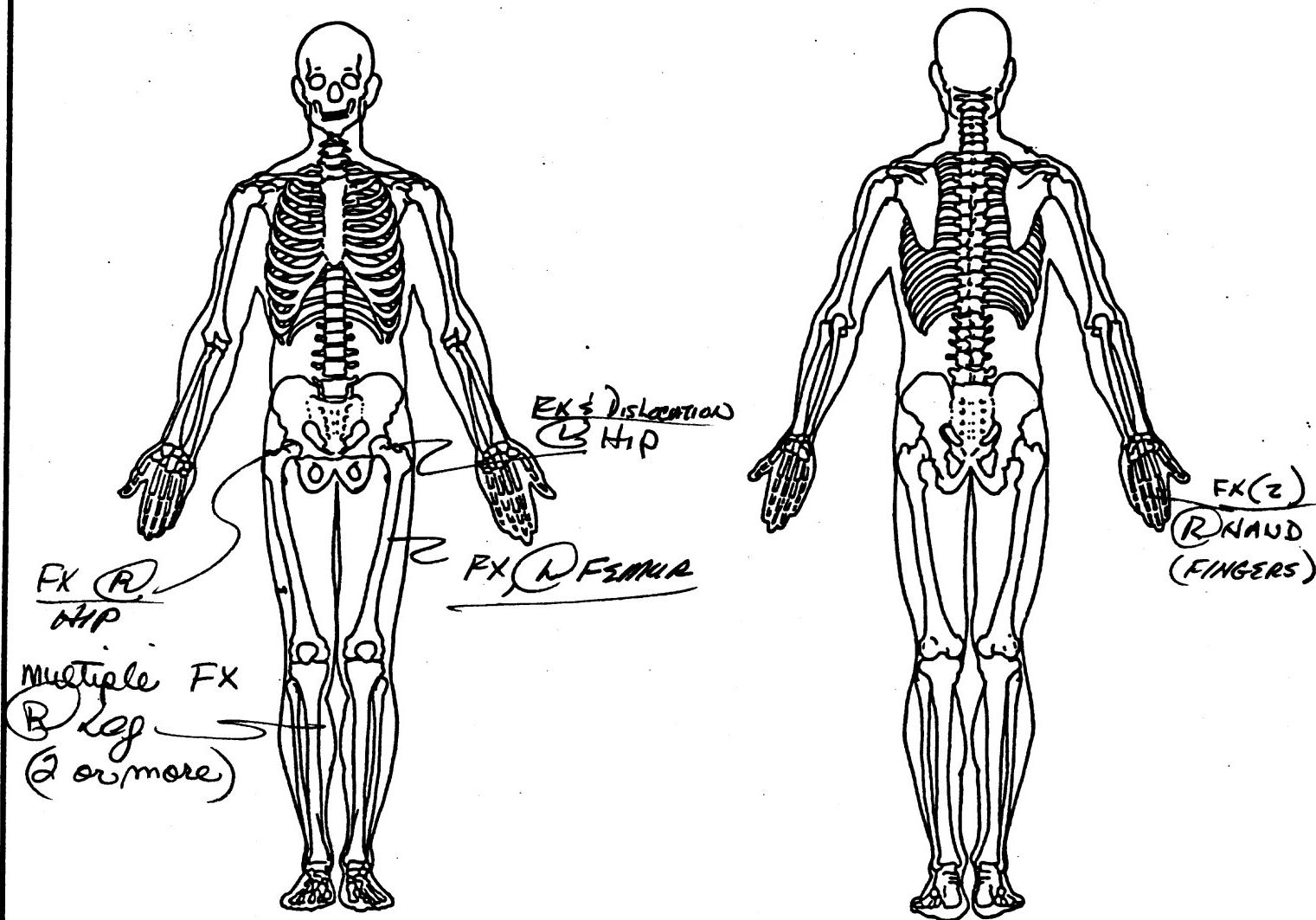
(5) Critical injury

(6) Maximum (untreatable)

(7) Injured, unknown severity

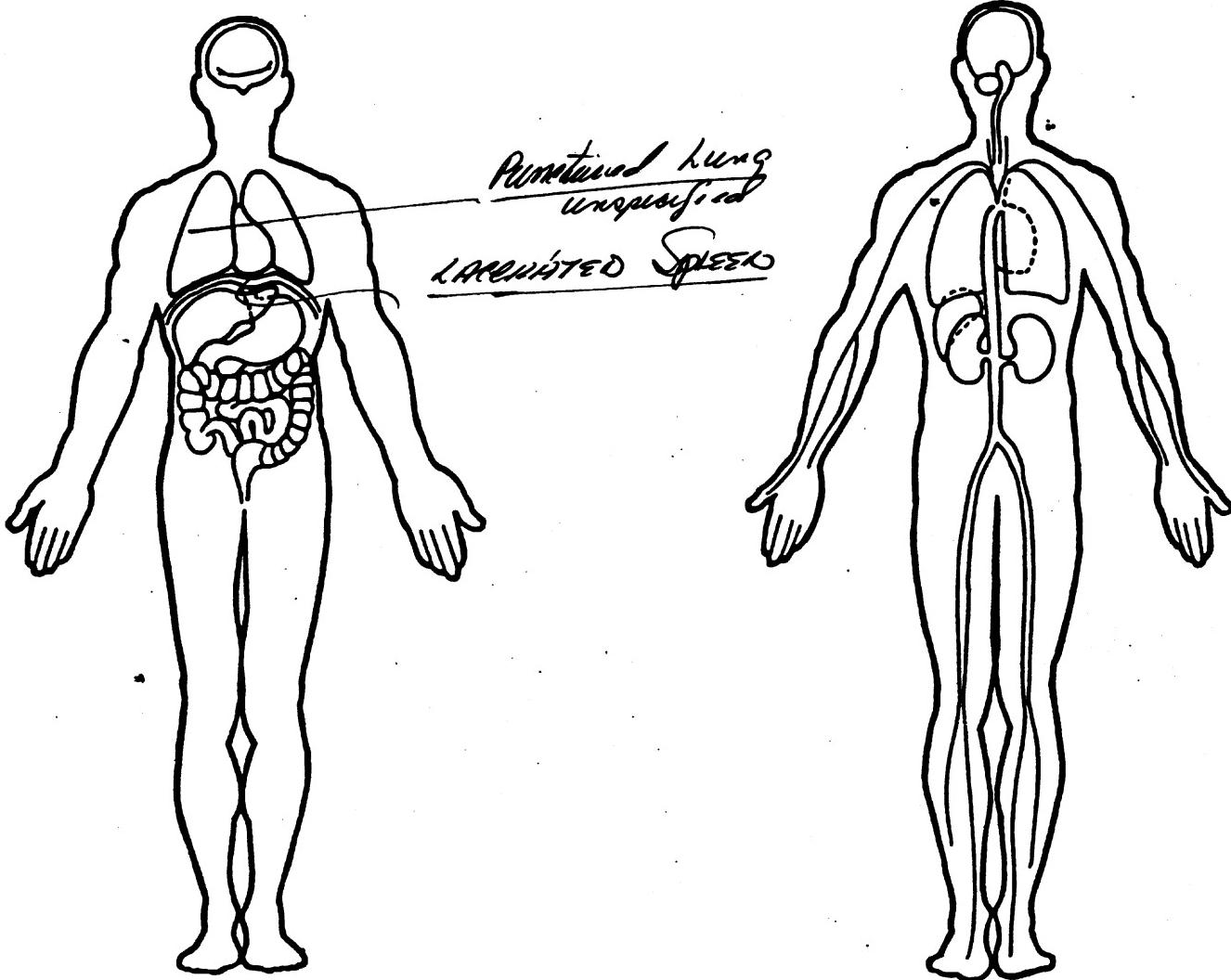
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

Case Number	DSI-91-C8-01	11. Occupant's Posture (0) Normal posture (1) Abnormal posture (specify): (9) Unknown	
Vehicle Number	01	EJECTION/ENTRAPMENT	
Occupant Number	04	12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	
OCCUPANT'S CHARACTERISTICS		13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	
5. Occupant's Age	01	14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	
Code actual age at time of accident. (00) Less than one year old (specify by month):		15. Medium Status (Immediately Prior to Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown	
(97) 97 years and older (99) Unknown		16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown	
6. Occupant's Sex	2		
(1) Male (2) Female (9) Unknown			
7. Occupant's Height	99		
Code actual height to the nearest inch. (99) Unknown			
8. Occupant's Weight	025		
Code actual weight to the nearest pound. (999) Unknown			
9. Occupant's Role	2		
(1) Driver (2) Passenger (9) Unknown			
10. Occupant's Seat Position	21		
Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant			
Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant			
Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant			
Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant			
(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown			

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
 (8) Other belt (specify): _____
 (9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify):
 (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat
 (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

 Belt Used Improperly
 (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
Proper 1/S Belt - Improper Seat.

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

 Non-functional
 (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):
Cargo from SW Rego Area
 (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

0-5

30. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation
 Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation
 Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation
 (99) Unknown if child safety seat used

0-3

31. Child Safety Seat Harness Usage**32. Child Safety Seat Shield Usage****33. Child Safety Seat Tether Usage**

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

- Not Designed with Harness/Shield/Tether
 (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

4

1-2

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	4
(0) O—No injury (1) C—Possible injury (2) B—Nonincapacitating injury (3) A—Incapacitating injury (4) K—Killed (5) U—Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment—Mortality	1
(0) No treatment (1) Fatal (2) Fatal—ruled disease Nonfatal (3) Hospitalized (4) Transported and released (5) Treatment at scene—nontransported (6) Treatment later (8) Treatment—other (specify): (9) Unknown	
36. Type of Medical Facility (for Initial Treatment)	Φ
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown	
37. Hospital stay	Φ Φ
Code number of days (up through 60) that the occupant stayed in the hospital (00) Not hospitalized (61) 61 days or more (99) Unknown	
98. Glasgow Coma Score (upon admission)	99
(99) Unknown	
38. Working Days Lost	62
Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
39. Time to Death	Φ 1
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal—ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	Φ 3
41. 2nd Medically Reported Cause of Death	Φ 2
42. 3rd Medically Reported Cause of Death	Φ 1
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (97) Other result (specify): (99) Unknown	
43. Number of Recorded Injuries for This Occupant	04
Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	
99. Case Occupant	Φ
(0) Not the Case occupant (1) This is the Case occupant (2) This is the Case occupant in another case	

UPDATE CANDIDATE

NO [X] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DSI-91-C8-01

Vehicle Number

Occupant Number

Q1
Q4

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.—A.I.S.						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			

1st 5. E 6. L 7. L 8. A 9. I 10. I 11. 23 12. L 13. L 14. 00

2nd 15. E 16. M 17. P 18. E 19. S 20. S 21. 49 22. L 23. L 24. 00

3rd 25. E 26. M 27. P 28. E 29. C 30. S 31. 49 32. L 33. L 34. 00

4th 35. S 36. M 37. C 38. C 39. I 40. I 41. 48 42. L 43. L 44. 00

5th 45. — 46. — 47. — 48. — 49. — 50. — 51. — 52. — 53. — 54. —

6th 55. — 56. — 57. — 58. — 59. — 60. — 61. — 62. — 63. — 64. —

7th 65. — 66. — 67. — 68. — 69. — 70. — 71. — 72. — 73. — 74. —

8th 75. — 76. — 77. — 78. — 79. — 80. — 81. — 82. — 83. — 84. —

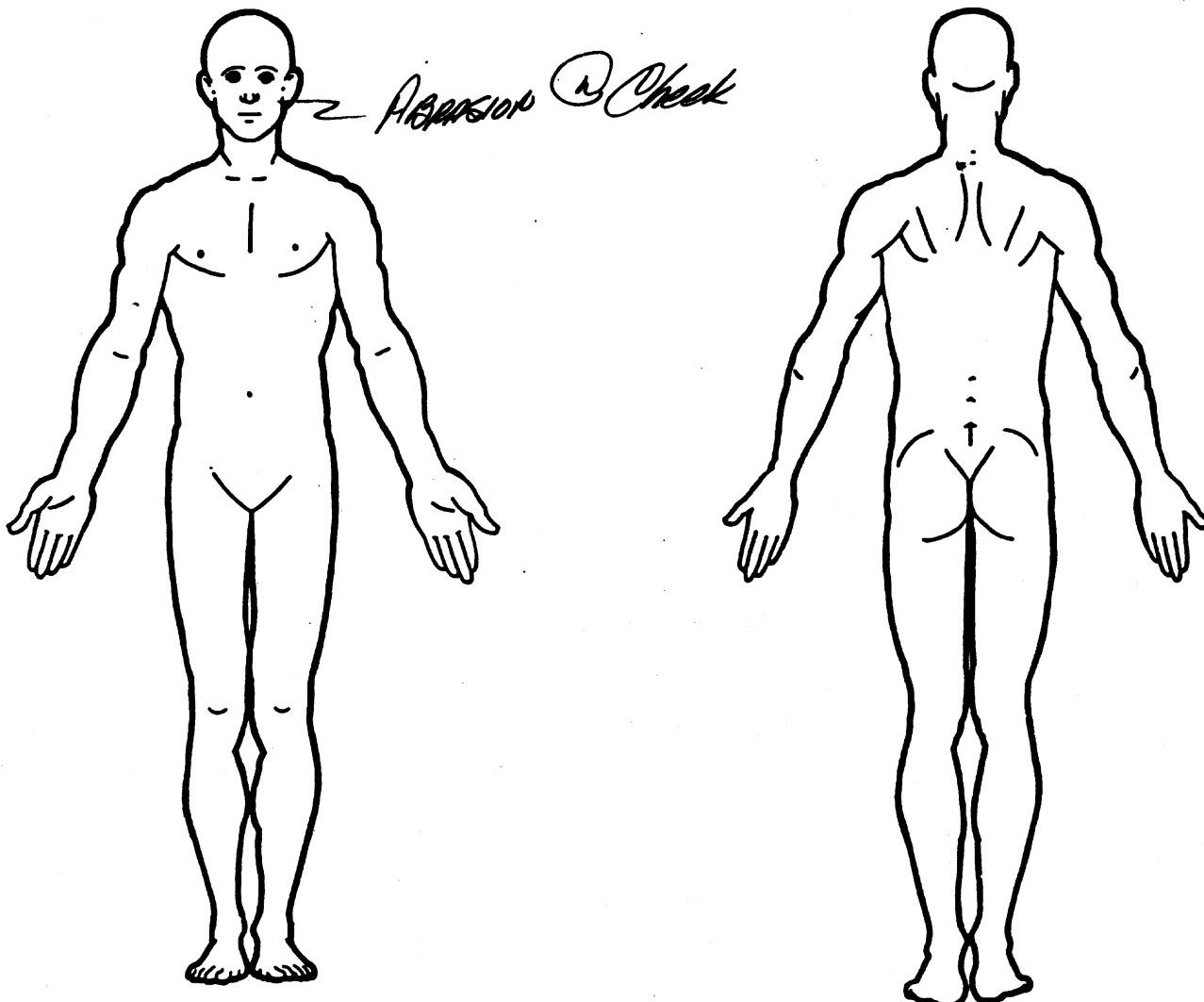
9th 85. — 86. — 87. — 88. — 89. — 90. — 91. — 92. — 93. — 94. —

10th 95. — 96. — 97. — 98. — 99. — 100. — 101. — 102. — 103. — 104. —

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



*Transcribed from I.O. Notes / from attending
Doctor*

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____

- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): *Belt & Seat*
- (49) Other interior object (specify): *Roof impact forces*

ROOF

- (50) Front header
 - (51) Rear header
 - (52) Roof left side rail
 - (53) Roof right side rail
 - (54) Roof or convertible top
- FLOOR**
- (56) Floor including toe pan
 - (57) Floor or console mounted transmission lever, including console
 - (58) Parking brake handle
 - (59) Foot controls including parking brake
- REAR**
- (60) Backlight (rear window)
 - (61) Backlight storage rack, door, etc.
 - (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object
- NONCONTACT INJURY**
- (90) Fire in vehicle
 - (91) Flying glass
 - (92) Other noncontact injury source (specify): _____
 - (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (O) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand

- (A) Anterior-front
- (B) Bilateral (rib fracture only).
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (I) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

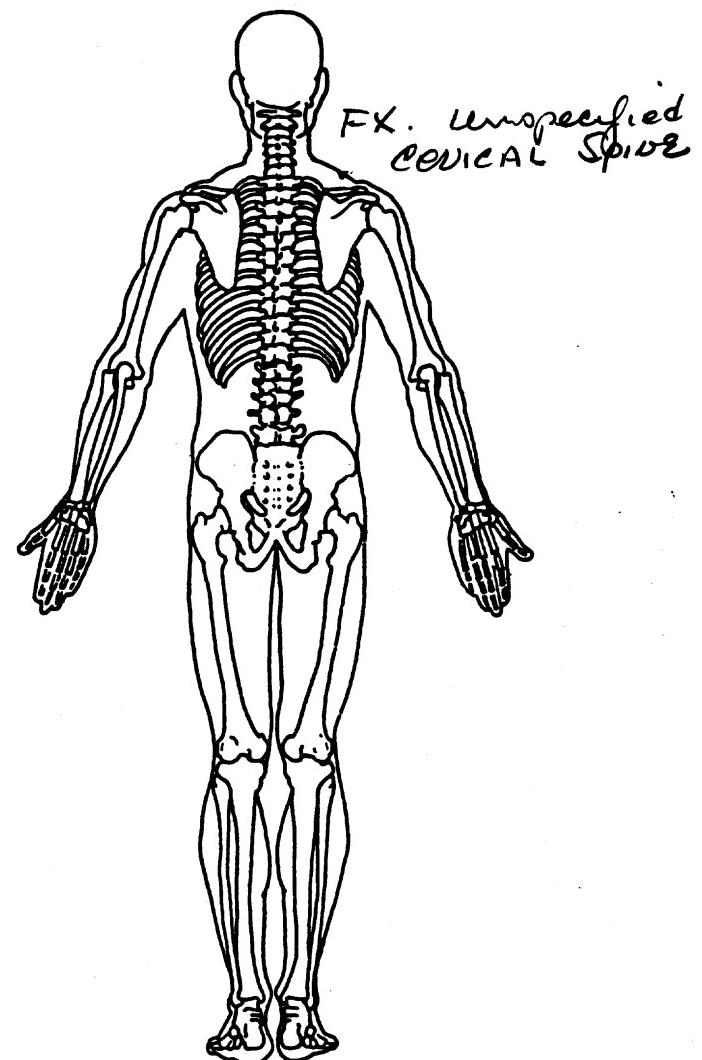
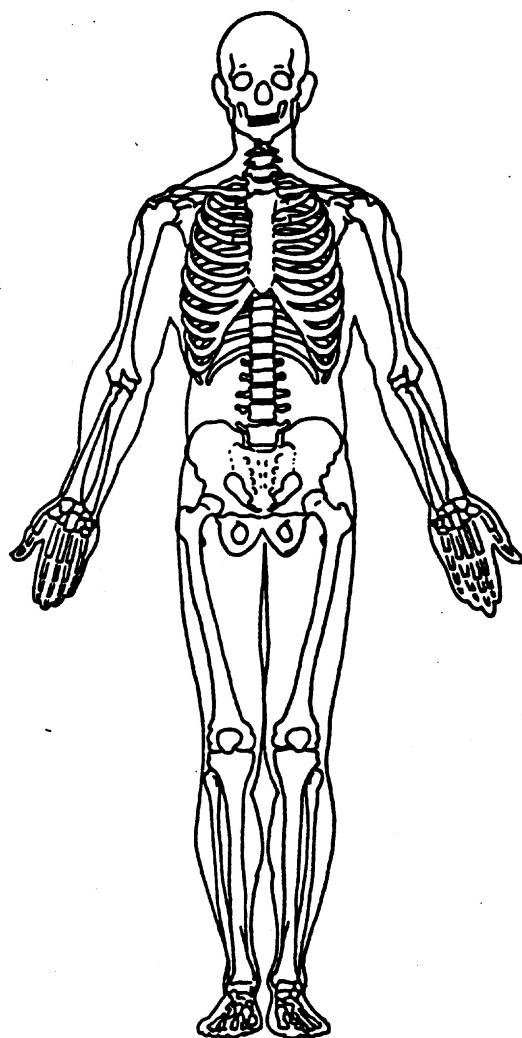
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

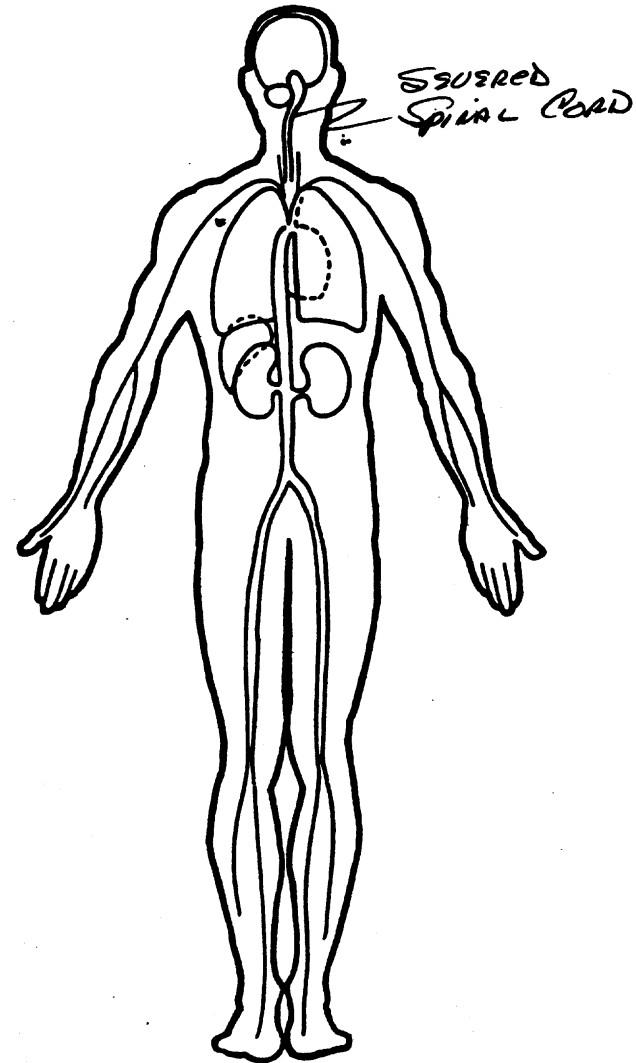
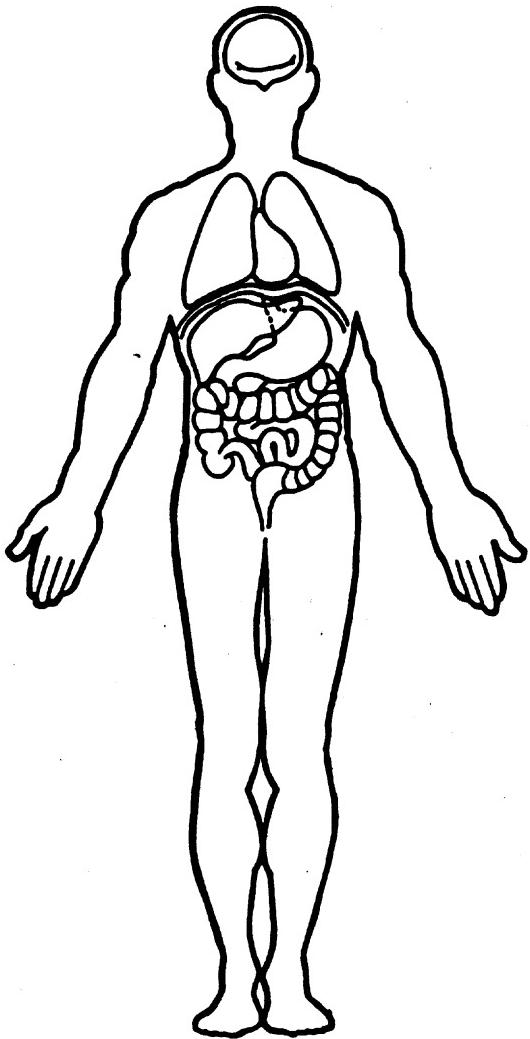
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

Case Number DST-91-C8-01

Vehicle Number 01

Occupant Number 05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(90) Less than one year old (specify by month): _____

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify): _____

(5) Integral structure

(8) Other medium (specify): _____

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available-type unknown
 (8) Other belt (specify): _____
 (9) Unknown _____

3**18. Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used-type unknown
 (08) Other belt used (specify): _____

Ø 3

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat-type unknown
 (18) Other belt used with child safety seat
 (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 (8) Other improper use of manual belt system (specify): _____
 (9) Unknown _____

1**20. Manual (Active) Belt Failure Modes****During Accident**

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

+**21. Air Bag System Availability/Function**

- (0) Not equipped/not available
 (1) Air bag

Ø**Non-functional**

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

Ø**23. Did Air Bag System Fail?**

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Ø

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

3**25. Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
 (1) Integral-no damage
 (2) Integral-damaged during accident
 (3) Adjustable-no damage
 (4) Adjustable-damaged during accident
 (5) Add-on-no damage
 (6) Add-on-damaged during accident
 (8) Other (specify): _____
 (9) Unknown

Ø

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):
Cargo from S/W Cargo Area
 (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

*Ø Ø***30. Child Safety Seat Orientation**

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

- Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

*Ø Ø***31. Child Safety Seat Harness Usage***Ø Ø***32. Child Safety Seat Shield Usage***Ø Ø***33. Child Safety Seat Tether Usage***Ø Ø*

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
 (1) C—Possible injury
 (2) B—Nonincapacitating injury
 (3) A—Incapacitating injury
 (4) K—Killed
 (5) U—Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment—Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
 (4) Transported and released
 (5) Treatment at scene—nontransported
 (6) Treatment later
 (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown**37. Hospital stay**

- Code number of days (up through 60) that the occupant stayed in the hospital
 (00) Not hospitalized
 (61) 61 days or more
 (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- 62 _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

39. Time to Death

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal—ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant

- _____ (0) Not the Case occupant
 (1) This is the Case occupant
 (2) This is the Case occupant in another case

UPDATE CANDIDATE

NO [X] YES []

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43=00, 97, 99)

**44. Automatic (Passive) Belt System Availability/
Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive)
Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes
During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE? NO YES

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DSI-91-C8-01

Vehicle Number

Q1
Q5

Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.—A.I.S.						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			

1st	58	6. M	7. U	8. C	9. L	10. I	11. 41	12. 1	13. 1	14. 20
2nd	15. 8	16. E	17. S	18. C	19. L	20. L	21. 40	22. 1	23. -	24. 20
3rd	25. 8	26. E	27. E	28. L	29. D	30. Z	31. 40	32. 1	33. Z	34. 20
4th	35. 8	36. N	37. P	28. F	38. Z	40. S	41. 49	42. 1	43. 1	44. 20
5th	45. 8	46. B	47. S	48. E	49. S	50. S	51. 49	52. 1	53. 1	54. 20
6th	55. -	56. -	57. -	58. -	59. -	60. -	61. -	62. -	63. -	64. -
7th	65. -	66. -	67. -	68. -	69. -	70. -	71. -	72. -	73. -	74. -
8th	75. -	76. -	77. -	78. -	79. -	80. -	81. -	82. -	83. -	84. -
9th	85. -	86. -	87. -	88. -	89. -	90. -	91. -	92. -	93. -	94. -
10th	95. -	96. -	97. -	98. -	99. -	100. -	101. -	102. -	103. -	104. -

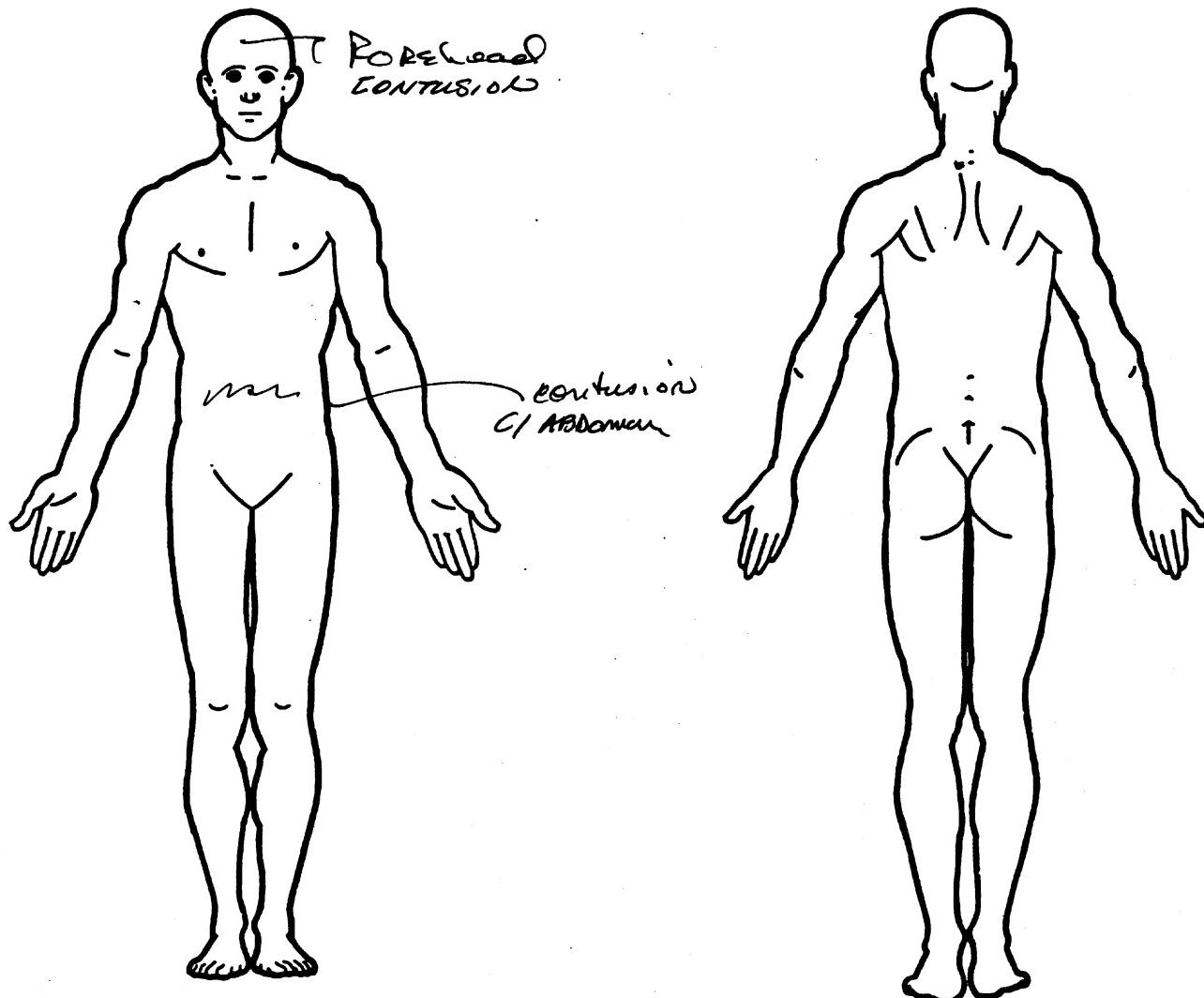
ICD-9

OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Transcribed from J.O. Notes
DATA FROM ATTENDING Doctor

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): *1/4 PART ROOF 40 cargo from rear area*

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand

- (A) Aspect of Injury
- (A) Anterior-front
- (B) Bilateral (if fracture only).
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

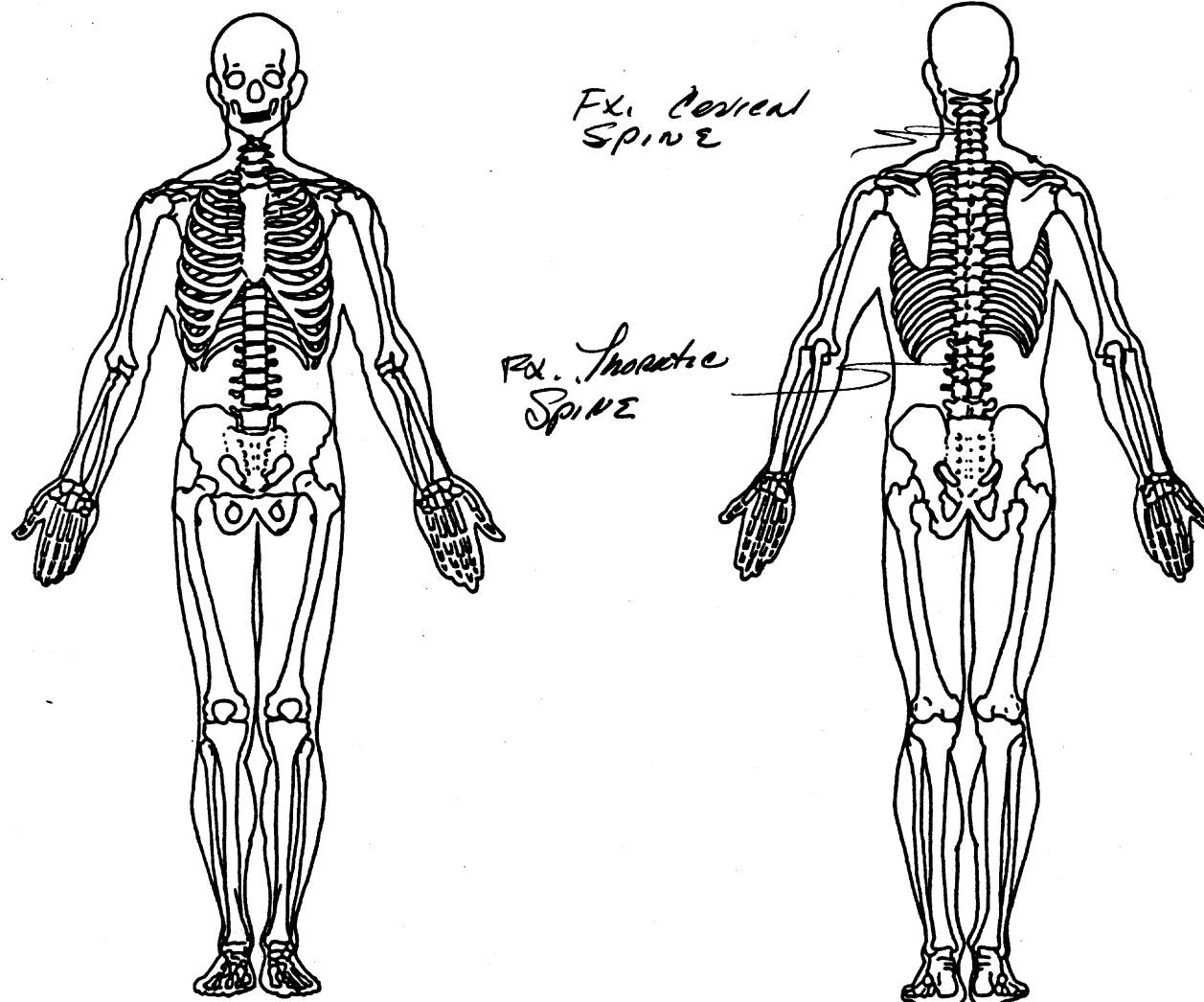
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (O) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

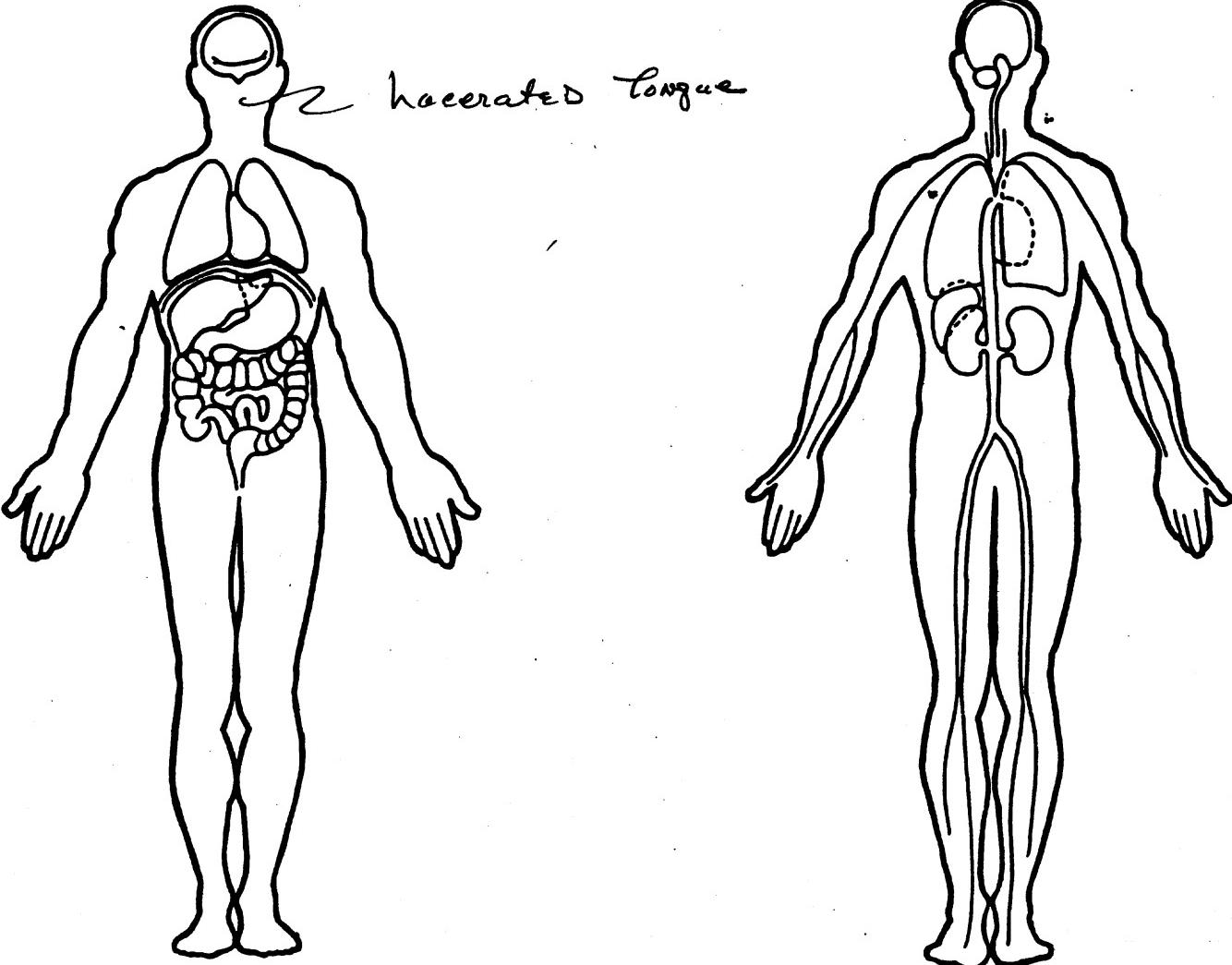
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

DSI-91-CB-#1		11. Occupant's Posture (0) Normal posture (1) Abnormal posture (specify): (9) Unknown
Case Number	_____	
Vehicle Number	01	EJECTION/ENTRAPMENT
Occupant Number	26	
OCCUPANT'S CHARACTERISTICS		
5. Occupant's Age	05	12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown
Code actual age at time of accident. (00) Less than one year old (specify by month):	_____	
(97) 97 years and older (99) Unknown	_____	
6. Occupant's Sex	2	13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown
(1) Male (2) Female (9) Unknown	_____	
7. Occupant's Height	99	
Code actual height to the nearest inch. (99) Unknown	_____	
8. Occupant's Weight	034	
Code actual weight to the nearest pound. (999) Unknown	_____	
9. Occupant's Role	2	14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown
(1) Driver (2) Passenger (9) Unknown	_____	
10. Occupant's Seat Position	23	
Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): _____ (15) On or in the lap of another occupant	_____	
Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): _____ (25) On or in the lap of another occupant	_____	
Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): _____ (35) On or in the lap of another occupant	_____	
Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): _____ (45) On or in the lap of another occupant	_____	
(97) In or on unenclosed area (98) Other seat (specify): _____ (99) Unknown	_____	
15. Medium Status (Immediately Prior to Impact)	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
(0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown	_____	

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available-type unknown
 (8) Other belt (specify): _____
 (9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

- (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used-type unknown
 (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat-type unknown
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes**During Accident**

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral-no damage
 (2) Integral-damaged during accident
 (3) Adjustable-no damage
 (4) Adjustable-damaged during accident
 (5) Add-on-no damage
 (6) Add-on-damaged during accident
 (8) Other (specify): _____

(9) Unknown _____

26. Seat Type (This Occupant Position)

- 0-5
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., van type)
 - (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

- (7) Combination of above (specify):

- (8) Other (specify): *INTRUDED BY CARGO
from S/W REAR HEAD*
- (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- 0-0-0
- (000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
(997) Other make/model (specify):

- (998) Unknown make/model
- (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- 0-0
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

0-0

32. Child Safety Seat Shield Usage

0-0

33. Child Safety Seat Tether Usage

0-0

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
 (1) C—Possible injury
 (2) B—Nonincapacitating injury
 (3) A—Incapacitating injury
 (4) K—Killed
 (5) U—Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment—Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
 (4) Transported and released
 (5) Treatment at scene—nontransported
 (6) Treatment later
 (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown**37. Hospital stay**

- Code number of days (up through 60) that the occupant stayed in the hospital
 (00) Not hospitalized
 (61) 61 days or more
 (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- 62 Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

39. Time to Death

- 01 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal—ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 62 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- 62 Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant

- 0
 (0) Not the Case occupant
 (1) This is the Case occupant
 (2) This is the Case occupant in another case

UPDATE CANDIDATENO [] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
**IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DET-91-C8-01

Vehicle Number

Q1
Q6

Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

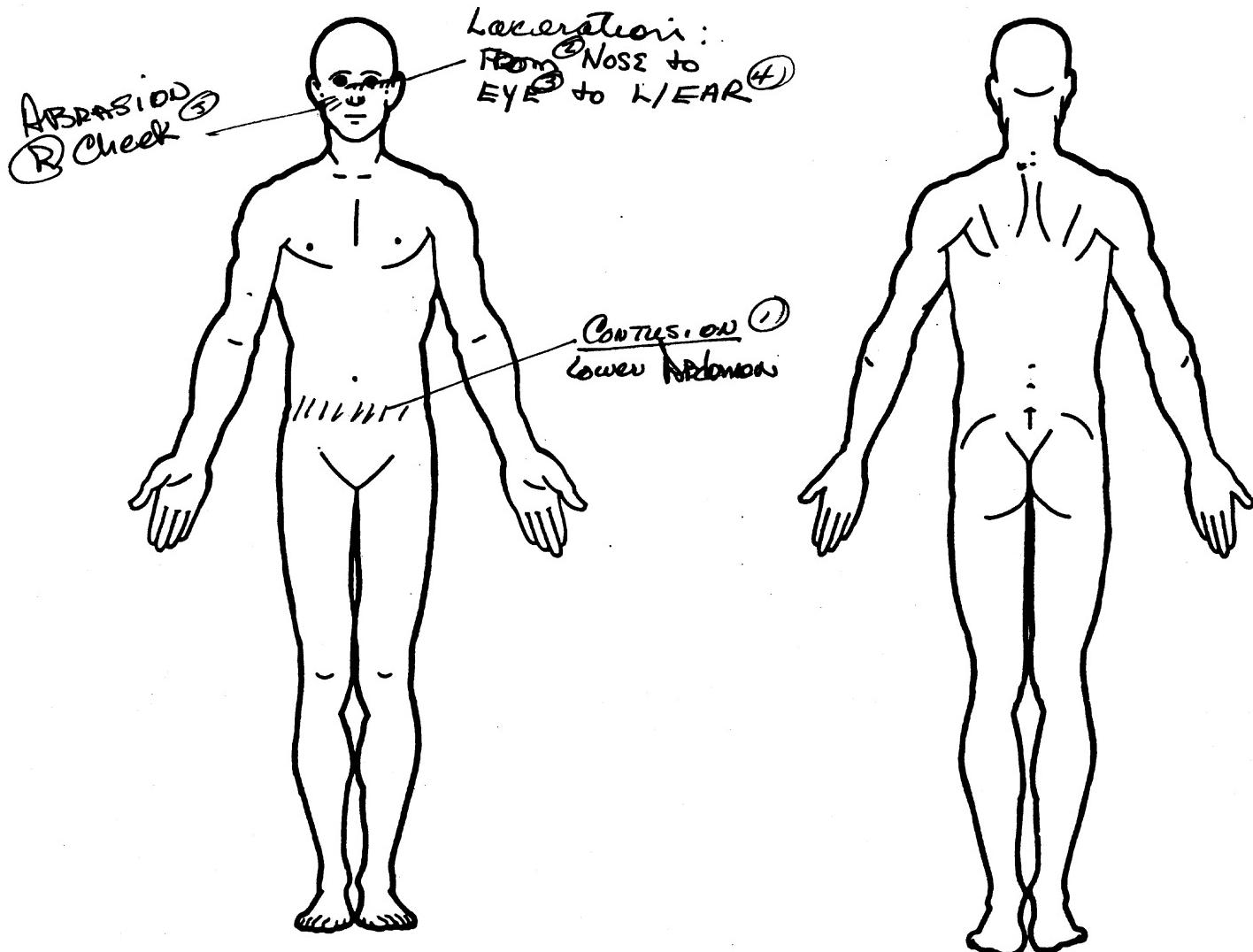
Source of Injury Data	O.I.C.-A.I.S.						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			

1st	5. Q	6. M	7. L	8. C	9. I	10. L	11. L	12. L	13. L
2nd	15. Q	16. F	17. C	18. L	19. I	20. Z	21. L	22. L	23. L
3rd	25. Q	26. F	27. L	28. L	29. I	30. Z	31. L	32. L	33. L
4th	35. Q	36. H	37. L	38. L	39. I	40. Z	41. L	42. L	43. L
5th	45. Q	46. F	47. R	48. C	49. I	50. L	51. L	52. L	53. L
6th	55. Q	56. H	57. L	58. E	59. S	60. Z	61. L	62. L	63. L
7th	65. Q	66. H	67. L	68. E	69. S	70. Z	71. L	72. L	73. L
8th	75. Q	76. B	77. S	78. E	79. S	80. Z	81. L	82. L	83. L
9th	85. Q	86. B	87. I	88. E	89. C	90. S	91. L	92. L	93. L
10th	95. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —
	104. —								

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



*DATA OBTAINED BY J.O. From
DOCTORS, HOSPITAL RECORDS, FUNERAL HOME.*

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): *SEE ABOVE*
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):
- (25) Left side window/glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

HEAD RESTRAINT SYSTEM

- (45) Air bag
- (46) Other occupants (specify):

INTERIOR LOOSE OBJECTS

- (48) Child safety seat (specify):

OTHER INTERIOR OBJECT (specify):

*NONCONTACT Forces / cargo
ROOF INTRUDING from rear & rear
S/0 cargo been*

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

UNKNOWN EXTERIOR OBJECTS

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

HOOD

- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify):

Rear Surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):

UNKNOWN EXTERIOR OF OTHER MOTOR VEHICLE

- (84) Ground
- (85) Other vehicle or object (specify):

UNKNOWN VEHICLE OR OBJECT

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):

INJURED, UNKNOWN SOURCE

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- | | | | |
|-----|---------------------------------------|-----|--------------------------------|
| (M) | Abdomen | (W) | Wrist-hand |
| (O) | Ankle-foot | | Aspect of Injury |
| (A) | Arm (upper) | (A) | Anterior-front |
| (B) | Back-thoracolumbar spine | (B) | Bilateral (rib fracture only). |
| (C) | Chest | (C) | Central |
| (E) | Elbow | (I) | Inferior-lower |
| (F) | Face | (U) | Injured, unknown aspect |
| (R) | Forearm | (L) | Left |
| (H) | Head-skull | (P) | Posterior-back |
| (U) | Injured, unknown region | (R) | Right |
| (K) | Knee | (S) | Superior-upper |
| (L) | Leg (lower) | (W) | Whole region |
| (Y) | Lower limb(s) (whole or unknown part) | | Lesion |
| (N) | Neck-cervical spine | (A) | Abrasion |
| (P) | Pelvic-hip | (M) | Amputation |
| (S) | Shoulder | (V) | Avulsion |
| (T) | Thigh | (B) | Burn |
| (X) | Upper limb(s) (whole or unknown part) | (K) | Concussion |
| (O) | Whole body | (C) | Contusion |
| | | (N) | Crush |

System/Organ

- | | |
|-----|-------------------------|
| (W) | All systems in region |
| (A) | Arteries-veins |
| (B) | Brain |
| (D) | Digestive |
| (E) | Ears |
| (O) | Eye |
| (H) | Heart |
| (U) | Injured, unknown system |

Integumentary

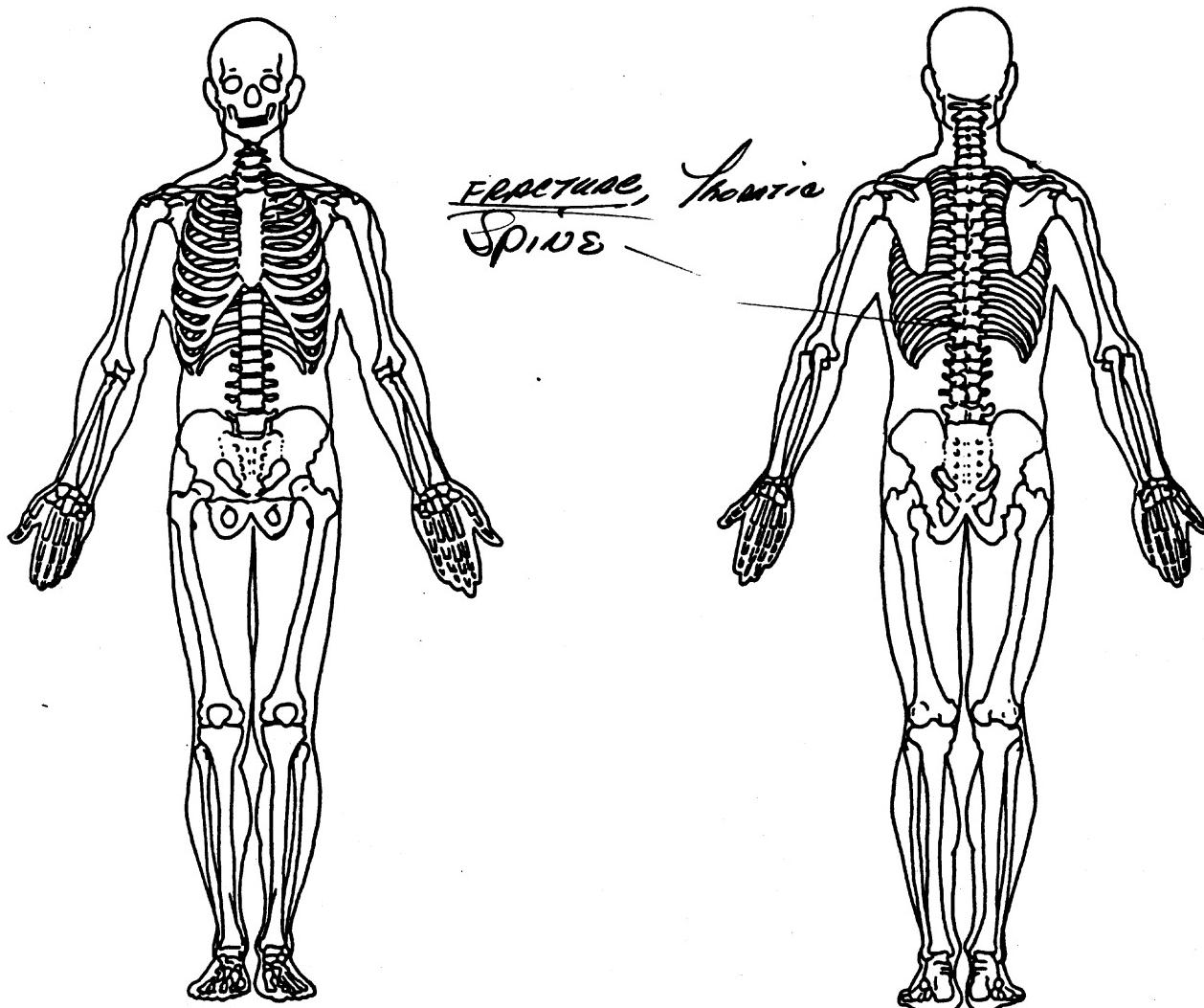
- | | |
|-----|--------------------------------|
| (J) | Joints |
| (K) | Kidneys |
| (L) | Liver |
| (M) | Muscles |
| (N) | Nervous system |
| (P) | Pulmonary-lungs |
| (R) | Respiratory |
| (S) | Skeletal |
| (C) | Spinal cord |
| (Q) | Spleen |
| (T) | Thyroid, other endocrine gland |
| (G) | Urogenital |
| (V) | Vertebrae |

Abbreviated Injury Scale

- | | |
|-----|---------------------------|
| (1) | Minor injury |
| (2) | Moderate injury |
| (3) | Serious injury |
| (4) | Severe injury |
| (5) | Critical injury |
| (6) | Maximum (untreatable) |
| (7) | Injured, unknown severity |

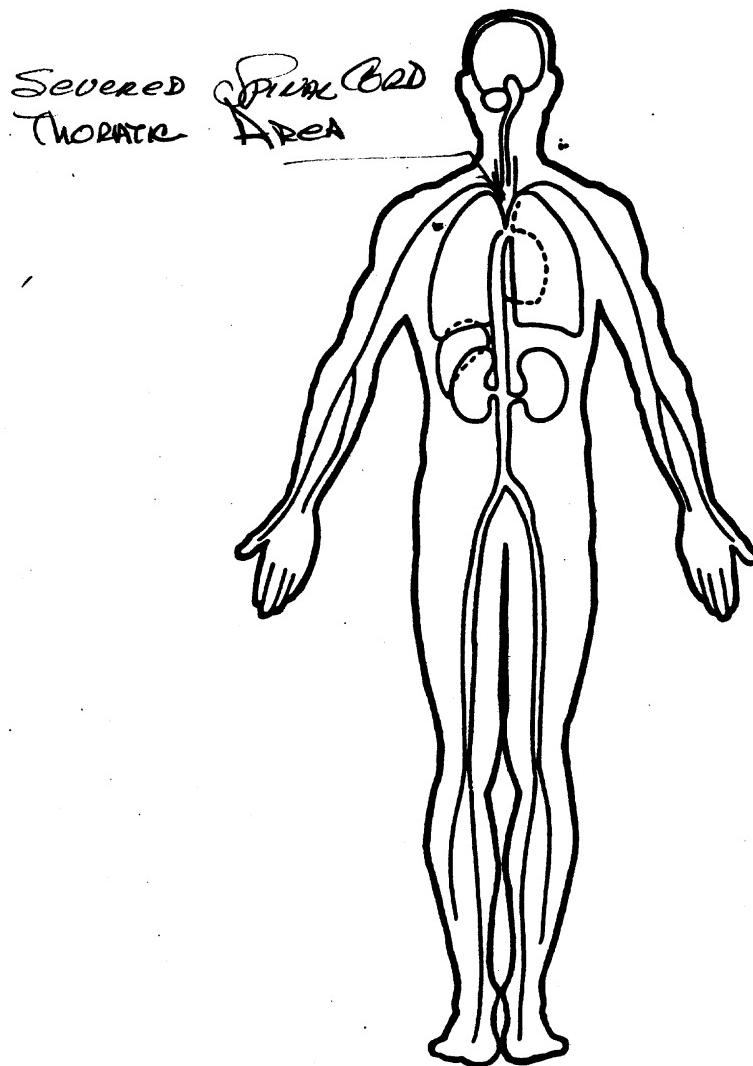
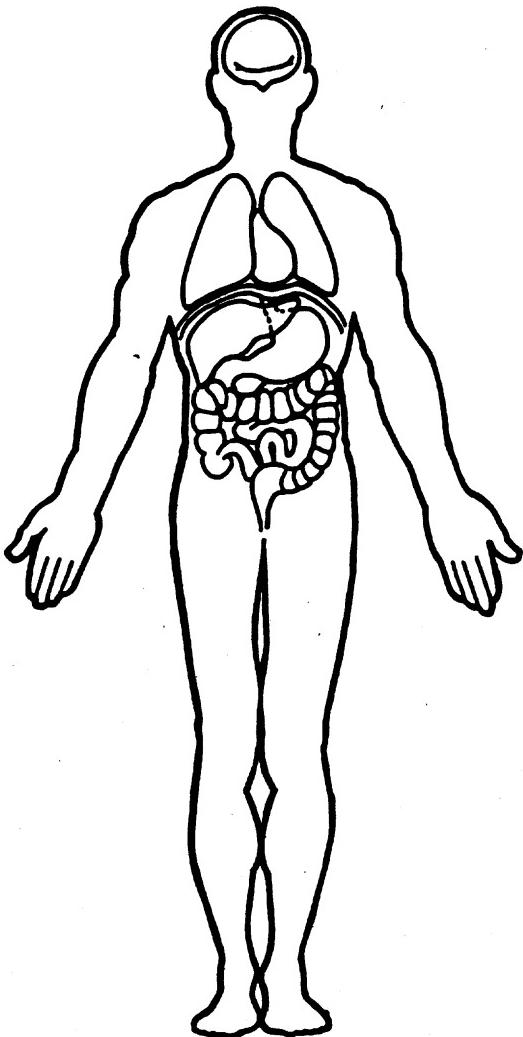
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Severed Spine
Thoracic Area

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number

DSD-91-C8-01
02

Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

90

5. Vehicle Make (specify):

Buick

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

18

6. Vehicle Model (specify):

Skylark

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(999) Unknown

018

7. Body Type

Note: Applicable codes are found on
the back of this page.

04

8. Vehicle Identification Number

1G4NV54U6L- - - - -

Left justify: Slash zeros and letter Z (0 and Z)
No VIN - Code all zeros
Unknown - Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Q

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

96

12. Alcohol Test Result for Driver

Code actual value (decimal implied before
first digit - 0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source I.O. ± PAR

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

50

14. Attempted Avoidance Maneuver

- (00) No impact
- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify):

01

(99) Unknown

15. Accident Type

Applicable codes may be found on the back
of page two of this field form
(00) No impact

65

Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine—more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Raincharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (< 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (< 4,500 lbs. GVWR, 'S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (< 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup - includes step vans ≤ 10,000 lbs GVWR, Grumman LLV vehicle) (specify):

(48) Unknown other light truck type (not a pickup)

- (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (> 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type(minibike, motorscooter) (specify):

(79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

(99) Unknown body type

OCCUPANT RELATED**16. Driver Presence in Vehicle**

- (0) Driver not present
 (1) Driver present
 (9) Unknown

17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

18. Number of Occupant Forms Submitted**VEHICLE WEIGHT ITEMS****19. Vehicle Curb Weight**

2625 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
 (135) 13,500 lbs or more
 (999) Unknown

Source: [REDACTED]

20. Vehicle Cargo Weight

0000 Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
 (97) 9,650 lbs or more
 (99) Unknown

RECONSTRUCTION DATA**21. Towed Trailing Unit**

- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown

22. Documentation of Trajectory Data for This Vehicle

- (0) No
 (1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)**25. Front Override/Underride (this vehicle)****26. Rear Override/Underride (this vehicle)**

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____

Underride (see specific CDC)

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

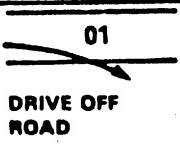
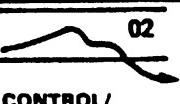
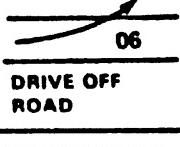
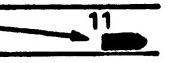
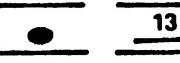
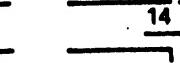
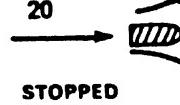
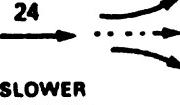
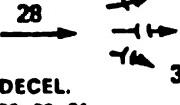
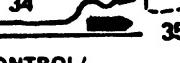
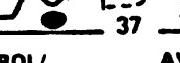
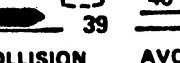
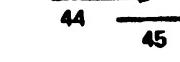
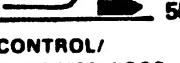
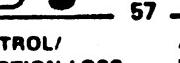
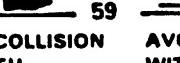
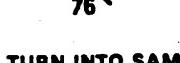
Values: (000)-(359) Code actual value

- (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle for This Vehicle

345
170

28. Heading Angle for Other Vehicle

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN
	B. Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN
	C. Forward Impact				14	15	16
II. Same Trafficway Same Direction	D. Rear-End				26	28	30
		STOPPED 21, 22, 23	SLOWER 26, 28, 27	DECEL. 29, 30, 31	29	31	(EACH • 32) (EACH • 33)
	E. Forward Impact				39	40	41
III. Same Trafficway Opposite Direction	F. Sideswipe Angle			(EACH • 48) SPECIFICS OTHER			(EACH • 49) SPECIFICS UNKNOWN
	G. Head-On			(EACH • 52) SPECIFICS OTHER			(EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact				59	60	61
IV. Change Trafficway Vehicle Turning	I. Sideswipe Angle			(EACH • 66) SPECIFICS OTHER			(EACH • 67) SPECIFICS UNKNOWN
	J. Turn Across Path			INITIAL OPPOSITE DIRECTIONS	71	70	73
	K. Turn Into Path			TURN INTO SAME DIRECTION	78	79	80
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths				88	89	(EACH • 90) SPECIFICS OTHER
	M. Backing Etc.			98 Other Accident Type 99 Unknown Accident Type 00 No Impact			(EACH • 91) SPECIFICS UNKNOWN

29. Basis for Total Delta V (Highest) *(6)*

Delta V Calculated

- (1) CRASH program—damage only routine
 (2) CRASH program—damage and trajectory routine
 (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V *(29)*

____ Nearest mph ____

- (NOTE: 00 means less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

31. Longitudinal Component of Delta V *+ 99*

____ Nearest mph ____

- (NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (±97) ± 96.5 mph and above
 (—99) Unknown

Secondary Highest
+ 99

32. Lateral Component of Delta V

____ Nearest mph ____

- (NOTE: —00 means greater than -0.5 and less than +0.5 mph)
 (±97) ± 96.5 mph and above
 (—99) Unknown

33. Energy Absorption *9999*

____ Nearest 100 foot-lbs ____

- (NOTE: 0000 means less than 50 Foot-Lbs)
 (9997) 999,650 foot-lbs or more
 (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V) *(D)*

- (0) No reconstruction
 (1) Collision fits model—results appear reasonable
 (2) Collision fits model—results appear high
 (3) Collision fits model—results appear low
 (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection *(Z)*

- (0) No Inspection
 (1) Complete inspection
 (2) Partial inspection (specify):
Photo

* 99. Percent Overlap *+ 000*

Code the rounded product of:
 Direct Width / Undef. End Width
 — = Left Overlap + = Right Overlap

000 Not an end-to-end impact
 999 Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
 DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

* GV99 notes: The idea is to document overlap at initial contact. Therefore, divide the direct width of the vehicle with the most narrow direct width by the undeformed end width of the vehicle described on this form.

If this vehicle sustained direct contact across the entire plane at initial contact, then code 100.

37. Police Reported Other Drug Presence

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception

Test Type For Driver

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

(7) Other observation/perception test

(8) No driver present

(9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

(7) Unspecified specimen test

(8) No driver present

(9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

Observation/ Perception	Specimen
Test Results	Test Results
Narcotic Drug	41.
Depressant Drug	42.
Stimulant Drug	43.
Hallucinogen Drug	44.
Cannabinoid Drug	45.
Phencyclidine (PCP)	46.
Inhalant Drug	47.
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	48.
	49.
	50.
	51.
	52.
	53.
	54.
	55.

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



OCCUPANT ASSESSMENT FORM

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

DST-91CB-01

Case Number

Vehicle Number

Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

39

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

64

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

150

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available-type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used-type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat-type unknown

(18) Other belt used with child safety seat

(specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral-no damage
- (2) Integral-damaged during accident
- (3) Adjustable-no damage
- (4) Adjustable-damaged during accident
- (5) Add-on-no damage
- (6) Add-on-damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

- Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage**32. Child Safety Seat Shield Usage****33. Child Safety Seat Tether Usage**

Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
 (1) C—Possible injury
 (2) B—Nonincapacitating injury
 (3) A—Incapacitating injury
 (4) K—Killed
 (5) U—Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

2**35. Treatment—Mortality**

- (0) No treatment
 (1) Fatal
 (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
 (4) Transported and released
 (5) Treatment at scene—nontransported
 (6) Treatment later
 (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown**37. Hospital stay**

- Ø Ø
 _____ Code number of days (up through 60)
 that the occupant stayed in the hospital
 (00) Not hospitalized
 (61) 61 days or more
 (99) Unknown

**99. Glasgow Coma Score
(upon admission)**9 9

(99) Unknown

38. Working Days Lost

- Ø Ø
 _____ Code the number of days
 (up through 60) that the occupant
 lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

39. Time to Death

- Ø Ø
 _____ Code number of hours from time of
 accident to time of death up through 24
 hours. If time of death is greater than 24
 hours, code number of days. (Note: 1 day =
 31, 2 days = 32, ... n days = 30 + n up through
 30 days = 60)
 (00) Not fatal
 (96) Fatal—ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- Ø Ø
 _____ Code the Occupant Injury from line
 number(s) for the medically reported
 injury(s) which reportedly contributed to
 this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for
This Occupant**

- Ø 1
 _____ Code the actual number of
 injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant

- Ø
 (0) Not the Case occupant
 (1) This is the Case occupant
 (2) This is the Case occupant
 in another case

UPDATE CANDIDATENO [] YES []

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE?NO YES **OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION?** NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

DSI-91-C8-01

Vehicle Number

02

Case Number:

— — —

Occupant Number

01

INJURY DATA

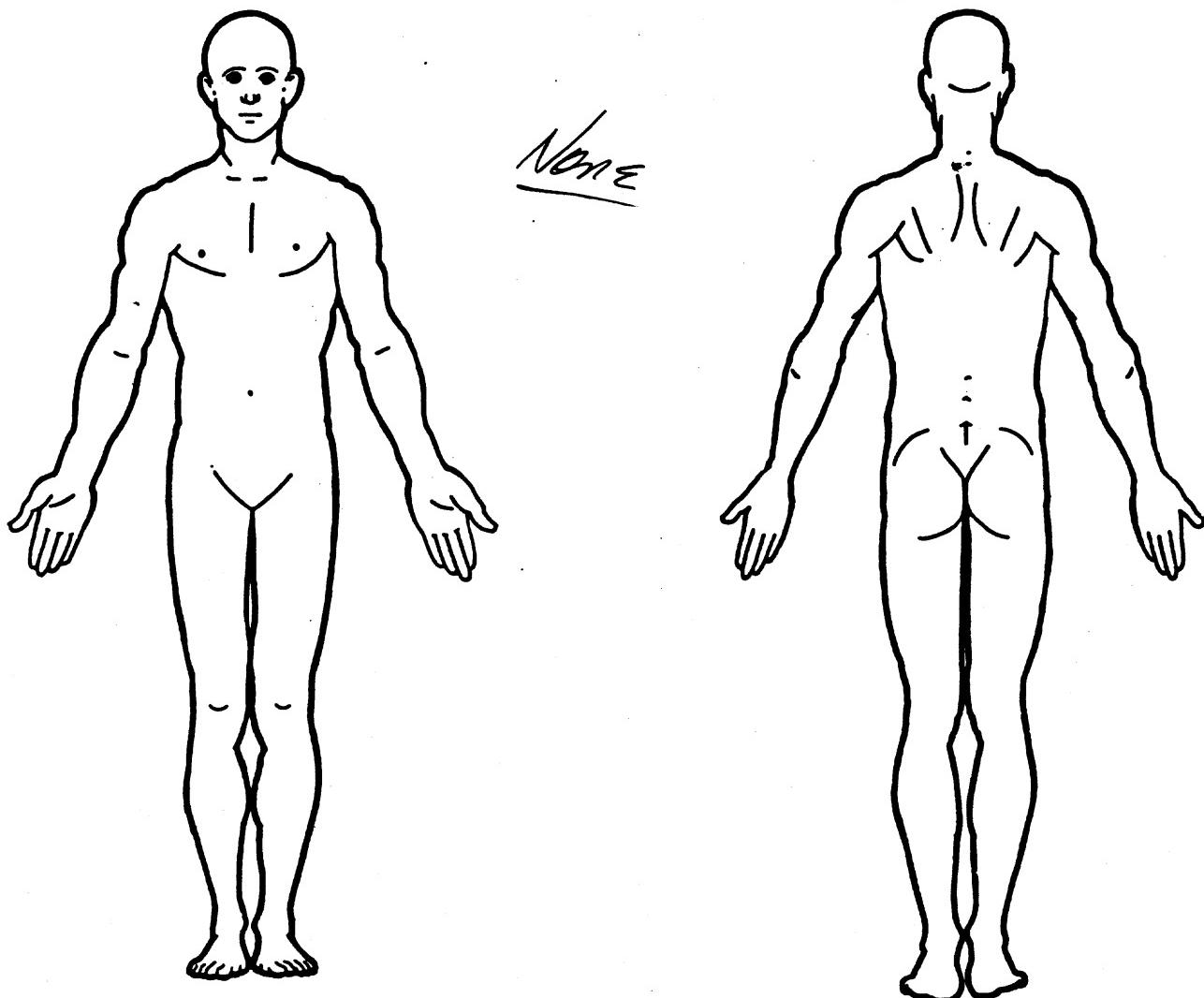
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S.						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source				
1st	5. <u>I</u>	6. <u>W</u>	7. <u>R</u>	8. <u>F</u>	9. <u>S</u>	10. <u>Z</u>	11. <u>Y</u>	12. <u>Z</u>	13. <u>L</u>	14. <u>dd</u>
2nd	15.—	16.—	17.—	18.—	19.—	20.—	21.—	22.—	23.—	24.—
3rd	25.—	26.—	27.—	28.—	29.—	30.—	31.—	32.—	33.—	34.—
4th	35.—	36.—	37.—	28.—	39.—	40.—	41.—	42.—	43.—	44.—
5th	45.—	46.—	47.—	48.—	49.—	50.—	51.—	52.—	53.—	54.—
6th	55.—	56.—	57.—	58.—	59.—	60.—	61.—	62.—	63.—	64.—
7th	65.—	66.—	67.—	68.—	69.—	70.—	71.—	72.—	73.—	74.—
8th	75.—	76.—	77.—	78.—	79.—	80.—	81.—	82.—	83.—	84.—
9th	85.—	86.—	87.—	88.—	89.—	90.—	91.—	92.—	93.—	94.—
10th	95.—	96.—	97.—	98.—	99.—	100.—	101.—	102.—	103.—	104.—

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

(25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):

(35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

(44) Head restraint system

- (45) Air bag
- (46) Other occupants (specify):

(47) Interior loose objects

(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

(73) Hood

(74) Hood ornament

(75) Windshield, roof rail, A-pillar

(76) Side surface

(77) Side mirrors

(78) Other side protrusions (specify):

(79) Rear surface

(80) Undercarriage

(81) Tires and wheels

(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify):

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

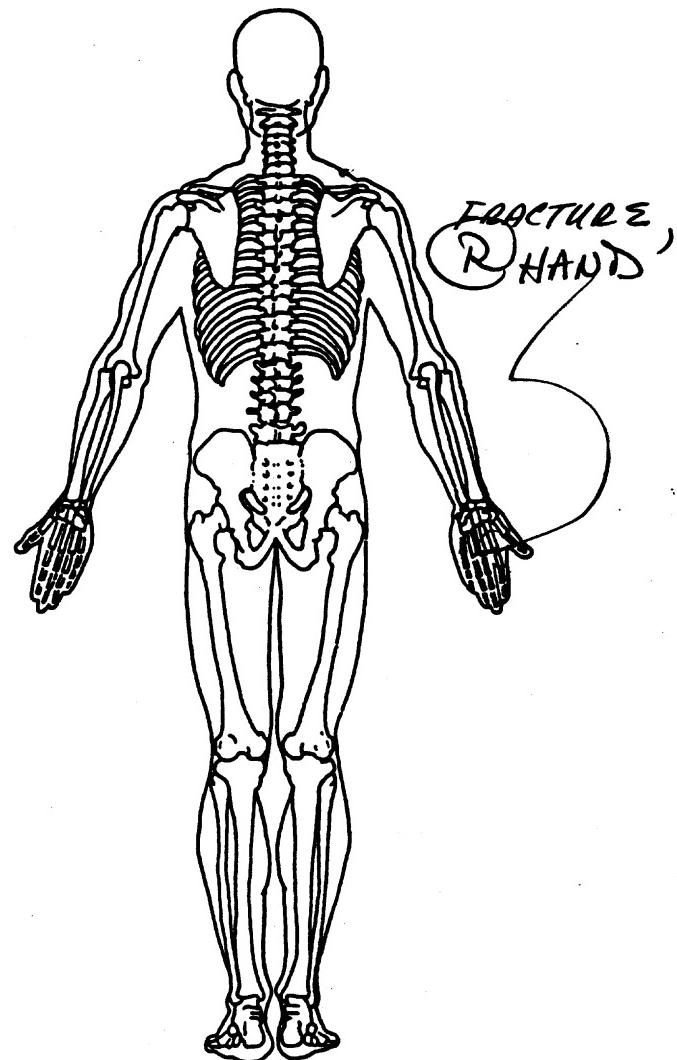
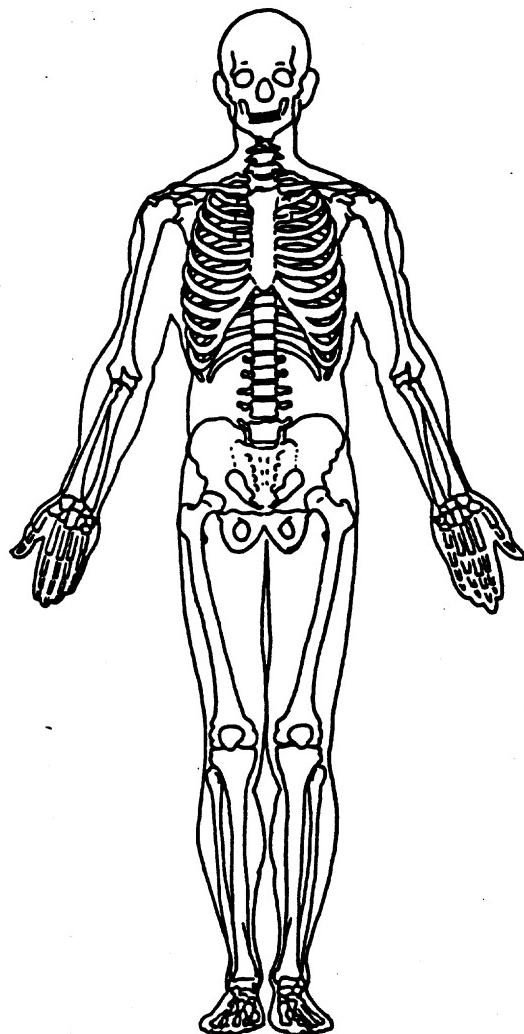
O.I.C. Body Region

- | | |
|---|------------------------------------|
| (M) Abdomen | (W) Wrist-hand |
| (Q) Ankle-foot | Aspect of Injury |
| (A) Arm (upper) | (A) Anterior-front |
| (B) Back-thoracolumbar spine | (B) Bilateral (rib fracture only). |
| (C) Chest | (C) Central |
| (E) Elbow | (I) Inferior-lower |
| (F) Face | (U) Injured, unknown aspect |
| (R) Forearm | (L) Left |
| (H) Head-skull | (P) Posterior-back |
| (U) Injured, unknown region | (R) Right |
| (K) Knee | (S) Superior-upper |
| (L) Leg (lower) | (W) Whole region |
| (Y) Lower limb(s) (whole or unknown part) | Lesion |
| (N) Neck-cervical spine | (A) Abrasion |
| (P) Pelvic-hip | (M) Amputation |
| (S) Shoulder | (V) Avulsion |
| (T) Thigh | (B) Burn |
| (X) Upper limb(s) (whole or unknown part) | (K) Concussion |
| (O) Whole body | (C) Contusion |
| | (N) Crush |

- | | |
|----------------------------------|------------------------------------|
| (G) Detachment, separation | (I) Integumentary |
| (D) Dislocation | (J) Joints |
| (F) Fracture | (K) Kidneys |
| (Z) Fracture and dislocation | (L) Liver |
| (U) Injured, unknown lesion | (M) Muscles |
| (L) Laceration | (N) Nervous system |
| (O) Other | (P) Pulmonary-lungs |
| (P) Perforation, puncture | (R) Respiratory |
| (R) Rupture | (S) Skeletal |
| (S) Sprain | (C) Spinal cord |
| (T) Strain | (O) Spleen |
| (E) Total severance, transection | (T) Thyroid, other endocrine gland |
| System/Organ | (G) Urogenital |
| (W) All systems in region | (V) Vertebrae |
| (A) Arteries-veins | Abbreviated Injury Scale |
| (B) Brain | (1) Minor injury |
| (D) Digestive | (2) Moderate injury |
| (E) Ears | (3) Serious injury |
| (O) Eye | (4) Severe injury |
| (H) Heart | (5) Critical injury |
| (U) Injured, unknown system | (6) Maximum (untreatable) |
| | (7) Injured, unknown severity |

OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT ASSESSMENT FORM

Case Number <i>DSI-91-C8 01</i>	11. Occupant's Posture (0) Normal posture (1) Abnormal posture (specify): (9) Unknown	
Vehicle Number <i>02</i>	EJECTION/ENTRAPMENT	
Occupant Number <i>02</i>	12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	
OCCUPANT'S CHARACTERISTICS		
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	64	13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown
6. Occupant's Sex (1) Male (2) Female (9) Unknown	2	14. Ejection Medium (0) No ejection (1) Door/hatch/taillgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown
7. Occupant's Height Code actual height to the nearest inch. (99) Unknown	63	15. Medium Status (Immediately Prior to Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
8. Occupant's Weight Code actual weight to the nearest pound. (999) Unknown	115	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	2	
10. Occupant's Seat Position Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown	13	

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown _____

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation
 Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation
 Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation
 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage**32. Child Safety Seat Shield Usage****33. Child Safety Seat Tether Usage**

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

- Not Designed with Harness/Shield/Tether
 (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay

- 29
- Code number of days (up through 60) that the occupant stayed in the hospital
 - (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- 3
- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- 4
- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 2
- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

- 29
- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant

- Q
- (0) Not the Case occupant
 - (1) This is the Case occupant
 - (2) This is the Case occupant in another case

UPDATE CANDIDATE

NO [] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
**IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)**



OCCUPANT ASSESSMENT FORM

<p>Case Number <u>DSI-91-CS-#1</u></p> <p>Vehicle Number <u>#2</u></p> <p>Occupant Number <u>#3</u></p> <p>OCCUPANT'S CHARACTERISTICS</p> <p>5. Occupant's Age <u>#6</u> Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown</p> <p>6. Occupant's Sex <u>2</u> (1) Male (2) Female (9) Unknown</p> <p>7. Occupant's Height <u>45</u> Code actual height to the nearest inch. (99) Unknown</p> <p>8. Occupant's Weight <u>148</u> Code actual weight to the nearest pound. (999) Unknown</p> <p>9. Occupant's Role <u>2</u> (1) Driver (2) Passenger (9) Unknown</p> <p>10. Occupant's Seat Position <u>2 1</u> Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): _____ (15) On or in the lap of another occupant Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): _____ (25) On or in the lap of another occupant Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): _____ (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): _____ (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): _____ (99) Unknown</p>	<p>11. Occupant's Posture <u>0</u> (0) Normal posture (1) Abnormal posture (specify): _____ (9) Unknown</p> <p>EJECTION/ENTRAPMENT</p> <p>12. Ejection <u>0</u> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>13. Ejection Area <u>0</u> (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown</p> <p>14. Ejection Medium <u>0</u> (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown</p> <p>15. Medium Status (Immediately Prior to Impact) <u>0</u> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown</p> <p>16. Entrapment <u>0</u> (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown</p>
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RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
 (8) Other belt (specify): _____
 (9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat
 (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____

(9) Unknown _____

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify): _____

(99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage**Φ Φ****32. Child Safety Seat Shield Usage****Φ Φ****33. Child Safety Seat Tether Usage****Φ Φ**

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATENO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE?NO YES **OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION?** NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



OCCUPANT ASSESSMENT FORM

Case Number	<i>DST-91-C8-01</i>	11. Occupant's Posture	<input checked="" type="checkbox"/>
Vehicle Number	<i>02</i>	(0) Normal posture	
Occupant Number	<i>04</i>	(1) Abnormal posture (specify):	
OCCUPANT'S CHARACTERISTICS			
5. Occupant's Age	<i>08</i>	(9) Unknown	
Code actual age at time of accident.			
(00) Less than one year old (specify by month):			
(97) 97 years and older			
(99) Unknown			
6. Occupant's Sex	<i>2</i>	12. Ejection	<input checked="" type="checkbox"/>
(1) Male		(0) No ejection	
(2) Female		(1) Complete ejection	
(9) Unknown		(2) Partial ejection	
7. Occupant's Height	<i>47</i>	(3) Ejection, unknown degree	
Code actual height to the nearest inch.			
(99) Unknown			
8. Occupant's Weight	<i>045</i>	(9) Unknown	
Code actual weight to the nearest pound.			
(999) Unknown			
9. Occupant's Role	<i>2</i>	13. Ejection Area	<input checked="" type="checkbox"/>
(1) Driver		(0) No ejection	
(2) Passenger		(1) Windshield	
(9) Unknown		(2) Left front	
10. Occupant's Seat Position	<i>22</i>	(3) Right front	
Front Seat		(4) Left rear	
(11) Left side		(5) Right rear	
(12) Middle		(6) Rear	
(13) Right side		(7) Roof	
(14) Other (specify):		(8) Other area (e.g., back of pickup, etc.)	
(15) On or in the lap of another occupant			
Second Seat		(specify):	
(21) Left side		(9) Unknown	
(22) Middle			
(23) Right side			
(24) Other (specify):			
(25) On or in the lap of another occupant			
Third Seat		14. Ejection Medium	<input checked="" type="checkbox"/>
(31) Left side		(0) No ejection	
(32) Middle		(1) Door/hatch/tailgate	
(33) Right side		(2) Nonfixed roof structure	
(34) Other (specify):		(3) Fixed glazing	
(35) On or in the lap of another occupant			
Fourth Seat		(4) Nonfixed glazing (specify):	
(41) Left side		(5) Integral structure	
(42) Middle		(8) Other medium (specify):	
(43) Right side			
(44) Other (specify):			
(45) On or in the lap of another occupant			
(97) In or on unenclosed area			
(98) Other seat (specify):			
(99) Unknown			
EJECTION/ENTRAPMENT			
15. Medium Status (Immediately Prior to Impact)	<i>0</i>	16. Entrapment	<input checked="" type="checkbox"/>
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)			
(0) Not entrapped			
(1) Entrapped			
(9) Unknown			

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available-type unknown
 (8) Other belt (specify): _____
 (9) Unknown

3

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used-type unknown
 (08) Other belt used (specify): _____

JL

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat-type unknown
 (18) Other belt used with child safety seat
 (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

CP

Non-functional

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

CP

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

CP

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

CP

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral-no damage
 (2) Integral-damaged during accident
 (3) Adjustable-no damage
 (4) Adjustable-damaged during accident
 (5) Add-on-no damage
 (6) Add-on-damaged during accident
 (8) Other (specify): _____

CP

- (9) Unknown

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):

 (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat

 (φ) (φ)
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

- Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

(φ) (φ)

32. Child Safety Seat Shield Usage

(φ) (φ)

33. Child Safety Seat Tether Usage

(φ) (φ)

Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES

- 34. Injury Severity (Police Rating)**
- (0) O—No injury
 - (1) C—Possible injury
 - (2) B—Nonincapacitating injury
 - (3) A—Incapacitating injury
 - (4) K—Killed
 - (5) U—Injury, severity unknown
 - (6) Died prior to accident
 - (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown**37. Hospital stay**

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

99**39. Time to Death**

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

00**40. 1st Medically Reported Cause of Death****00****41. 2nd Medically Reported Cause of Death****00****42. 3rd Medically Reported Cause of Death****00**

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant****00**

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant**00**

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATE

NO [X] YES []

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE?**NO [X] YES []****OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []**

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



OCCUPANT ASSESSMENT FORM

Case Number

DST-91-C8-91

Vehicle Number

62

Occupant Number

65

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

38

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

65

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

130

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify): _____

(5) Integral structure

(8) Other medium (specify): _____

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown _____

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):
 _____(8) Other (specify):
 _____(9) Unknown
 _____**CHILD SAFETY SEAT****28. Child Safety Seat Make/Model**

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):
 _____(998) Unknown make/model
 _____(999) Unknown if child safety seat used
 _____**29. Type of Child Safety Seat**

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation
 _____(99) Unknown if child safety seat used
 _____**31. Child Safety Seat Harness Usage**

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown**37. Hospital stay**

- Q*
- ____ Code number of days (up through 60) that the occupant stayed in the hospital
 - (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- Q*
- ____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 - (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- Q Q*
- ____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 - (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- Q Q*
- ____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 - (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- Q Q*
- ____ Code the actual number of injuries recorded for this occupant.
 - (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant

- Q*
- (0) Not the Case occupant
 - (1) This is the Case occupant
 - (2) This is the Case occupant in another case

UPDATE CANDIDATE**NO [] YES []**

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number DSI-91-03-01

Vehicle Number 03

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

91

5. Vehicle Make (specify):

Jeep

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

Q2

6. Vehicle Model (specify):

CHEROKEE

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(999) Unknown

405

7. Body Type

Note: Applicable codes are found on
the back of this page.

14

8. Vehicle Identification Number

1J4EN188LML-----

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

99

11. Police Reported Alcohol Presence

- (0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Q

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

12. Alcohol Test Result for Driver

Code actual value (decimal implied before
first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

96

Source I.O. ≠ PAR

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

50

14. Attempted Avoidance Maneuver

- (00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

01

(99) Unknown

15. Accident Type

Applicable codes may be found on the back
of page two of this field form
(00) No impact

51

Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine—more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Raincharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (< 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (< 4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (< 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup - includes step vans ≤ 10,000 lbs GVWR, Grumman LLV vehicle) (specify):

(48) Unknown other light truck type (not a pickup)

- (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (> 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type(minibike, motorscooter) (specify):

(79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

(99) Unknown body type

OCCUPANT RELATED**16. Driver Presence in Vehicle**

- (0) Driver not present
- (1) Driver present
- (9) Unknown

17. Number of Occupants This Vehicle

- 03*
- (00-96) Code actual number of occupants for this vehicle
 - (97) 97 or more
 - (99) Unknown

18. Number of Occupant Forms Submitted*03***VEHICLE WEIGHT ITEMS****19. Vehicle Curb Weight**

3276 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
- (135) 13,500 lbs or more
- (999) Unknown

Source: [REDACTED]

20. Vehicle Cargo Weight

80 Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
- (97) 9,650 lbs or more
- (99) Unknown

RECONSTRUCTION DATA**21. Towed Trailing Unit**

- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown

22. Documentation of Trajectory Data for This Vehicle

- (0) No
- (1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted <45 degrees
- (4) Tilted ≥45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):

(9) Unknown

24. Rollover

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
- (2) Rollover, 2 quarter turns
- (3) Rollover, 3 quarter turns
- (4) Rollover, 4 or more quarter turns (specify):

-
- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)

(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)**25. Front Override/Underride (this vehicle)****26. Rear Override/Underride (this vehicle)**

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):

-
- (7) Medium/heavy truck override

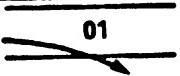
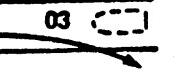
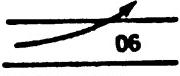
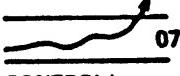
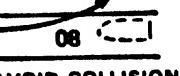
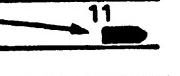
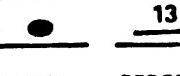
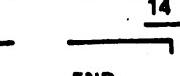
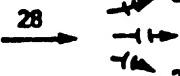
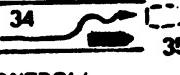
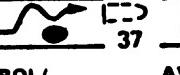
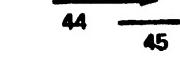
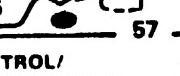
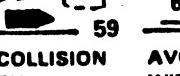
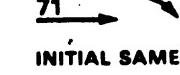
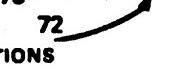
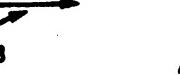
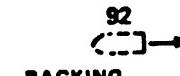
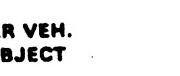
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
- (998) Impact with object
- (999) Unknown

27. Heading Angle for This Vehicle*345***28. Heading Angle for Other Vehicle***165*

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN
	B. Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN
	C. Forward Impact				14	15	16
II. Same Trafficway Same Direction	D. Rear-End				30	(EACH • 32)	(EACH • 33)
	E. Forward Impact				40	(EACH • 42)	(EACH • 43)
	F. Sideswipe Angle			(EACH • 48) SPECIFICS OTHER	41	(EACH • 49) SPECIFICS UNKNOWN	SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On		(EACH • 52) SPECIFICS OTHER	(EACH • 53)	SPECIFICS UNKNOWN		
	H. Forward Impact				60	(EACH • 62)	(EACH • 63)
	I. Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67)	SPECIFICS UNKNOWN	
IV. Change Trafficway Vehicle Turning	J. Turn Across Path				72	(EACH • 74)	(EACH • 75)
	K. Turn Into Path				81	(EACH • 84)	(EACH • 85)
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths			88	89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.			98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

29. Basis for Total Delta V (Highest)

Delta V Calculated

- (1) CRASH program—damage only routine
 (2) CRASH program—damage and trajectory routine
 (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
 (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
 (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V

3737.3 Nearest mph

- (NOTE: 00 means less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

31. Longitudinal Component of Delta V

 ± 32 37.2 Nearest mph

- (NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (97) ± 96.5 mph and above
 (99) Unknown

Secondary Highest

 ± 0.3

32. Lateral Component of Delta V

3.3

Nearest mph

- (NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (97) ± 96.5 mph and above
 (99) Unknown

33. Energy Absorption

207525.9

Nearest 100 foot-lbs

- (NOTE: 0000 means less than 50 Foot-Lbs)
 (9997) 999,650 foot-lbs or more
 (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (0) No reconstruction
 (1) Collision fits model—results appear reasonable
 (2) Collision fits model—results appear high
 (3) Collision fits model—results appear low
 (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection

- (0) No Inspection
 (1) Complete inspection
 (2) Partial inspection (specify):

 ± 100

* 99. Percent Overlap

Code the rounded product of:
 Direct Width / Undef. End Width
 — = Left Overlap + = Right Overlap

000 Not an end-to-end impact
 999 Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
 DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

* GV99 notes: The idea is to document overlap at initial contact. Therefore, divide the direct width of the vehicle with the most narrow direct width by the undeformed end width of the vehicle described on this form.

If this vehicle sustained direct contact across the entire plane at initial contact, then code 100.

37. Police Reported Other Drug Presence

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception

Test Type For Driver

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

(7) Other observation/perception test

(8) No driver present

(9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

(7) Unspecified specimen test

(8) No driver present

(9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

Observation/ Perception	Specimen
Test Results	Test Results
Narcotic Drug	41.
Depressant Drug	42.
Stimulant Drug	43.
Hallucinogen Drug	44.
Cannabinoid Drug	45.
Phencyclidine (PCP)	46.
Inhalant Drug	47.
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	48.
	49.
	50.
	51.
	52.
	53.
	54.
	55.

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

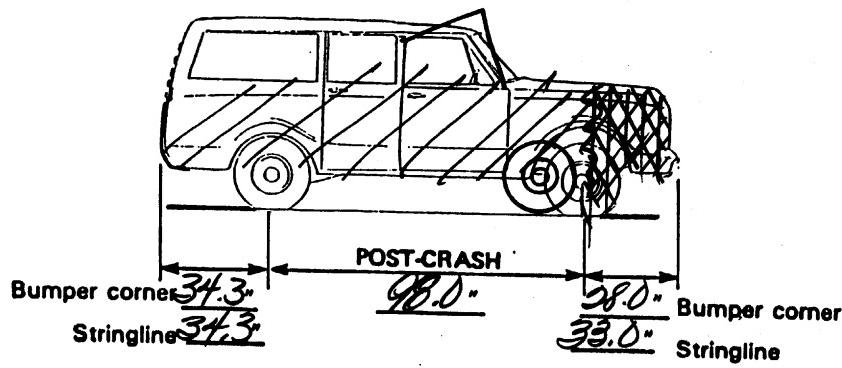
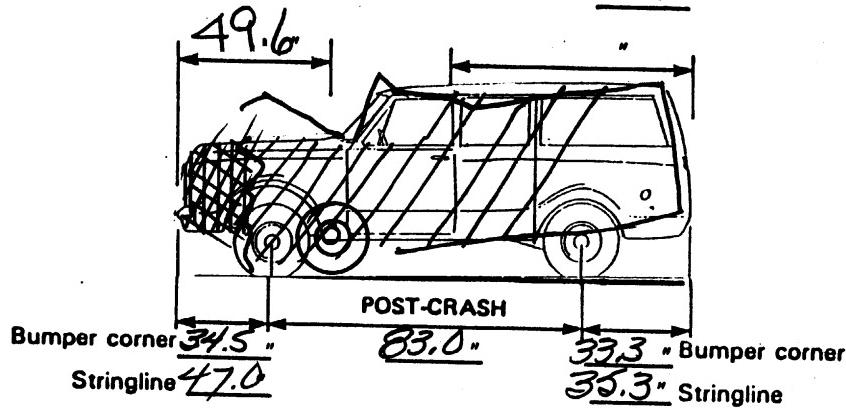
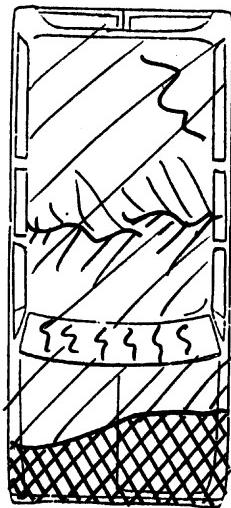
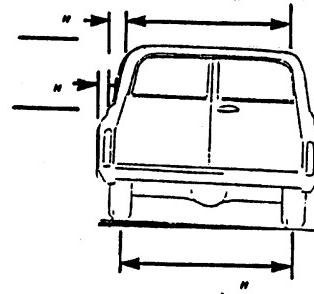
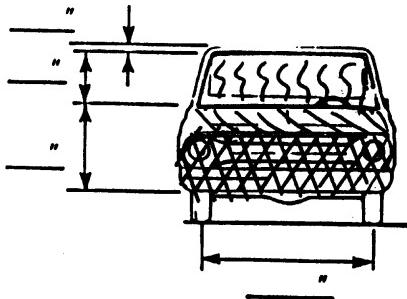
EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Exterior Vehicle Form

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
a. Rotation physically restricted	b. Tire deflated	Wheelbase	101.4	RF $\pm 10^\circ$ LF $\pm 10^\circ$ RR $\pm 0^\circ$ LR $\pm 0^\circ$ Within ± 5 degrees
RF <u>1</u>	RF <u>1</u>	Overall Length	165.3	LF $\pm 10^\circ$ RR $\pm 0^\circ$ LR $\pm 0^\circ$
LF <u>1</u>	LF <u>1</u>	Maximum Width	70.5	
RR <u>2</u>	RR <u>2</u>	Curb Weight	3276	
LR <u>2</u>	LR <u>2</u>	Average Track	27.5	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	36.2	
		Rear Overhang	I4 2.5L	
		Engine Size: cyl./ displ.	60.0	
		Undeformed End Width		
				DRIVE WHEELS <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD
				Approximate Cargo Weight <u>80</u>
TYPE OF TRANSMISSION				
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>04</u>

Second Highest Delta "V"

12. ____ 13. ____ 14. ____ 15. ____ 16. ____ 17. ____ 18. ____ 19. ____

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20.	21.	22.					
L	C1	C2	C3	C4	C5	C6	+ - D
<u>060</u>	<u>32</u>	<u>25</u>	<u>25</u>	<u>18</u>	<u>15</u>	<u>24</u>	<u>00.0</u>

Second Highest Delta "V"

23.	24.	25.					
L	C1	C2	C3	C4	C5	C6	+ - D
-----	-----	-----	-----	-----	-----	-----	+

26. Are CDCs Documented but Not Coded on The Automated File?

- (0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase

Code to the nearest tenth of an inch
(9999) Unknown

1014

**29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?**

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09=0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

Case Number

DSJ-91-CS-01
03

Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

LF

(02) Door (side)

(03) Door/hatch (rear)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 3 7. LR 3 8. RR 3 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

Damage/Failure Associated with Door, Tailgate or Hatch Opening In Collision. If IV05-IV09 ≠ 2, Then Code 0.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

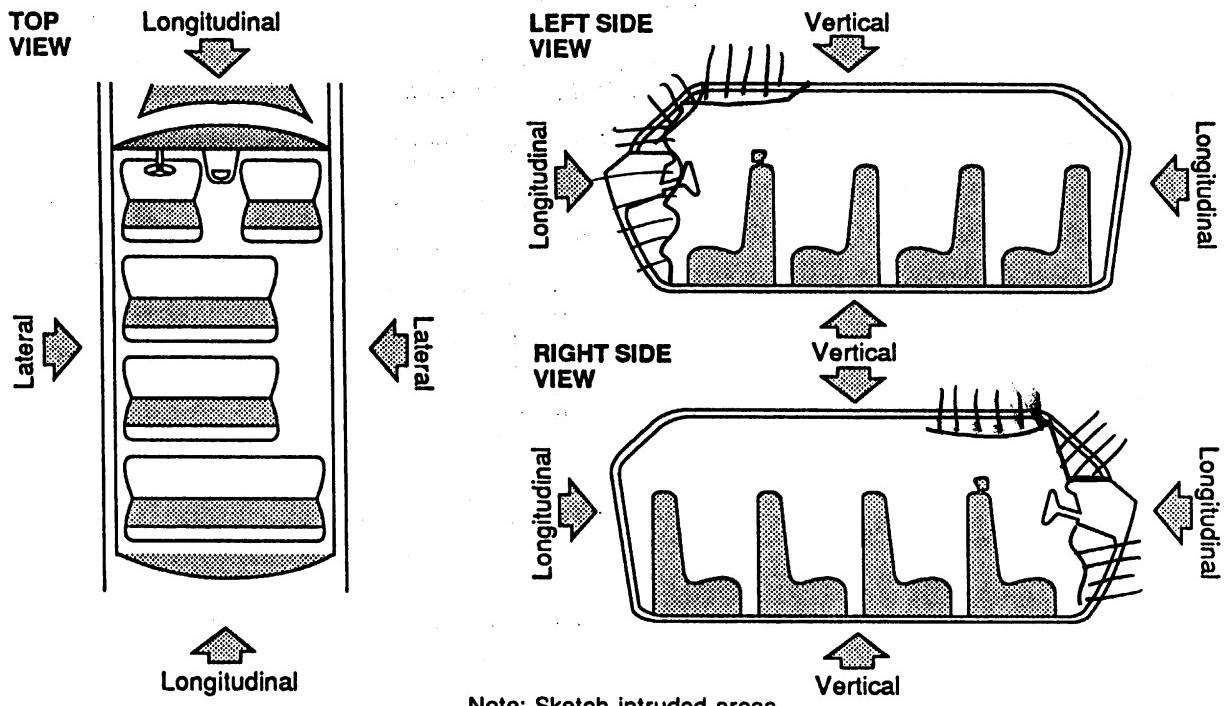
- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify):

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORK SHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISION VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	Tor Pan	43.5	-	30.0	=	13.5	long.
11	"A" Pillar	35.8	-	29.0	=	6.8	long.
11	L/Ins. Panel	31.0	-	27.0	=	4.0	long.
11	Roof Rail	0.0	-	9.0	=	9.0	vert.
13	Tor Pan	43.5	-	40.5	=	3.0	long.
13	"D" Pillar	35.8	-	32.8	=	3.0	long.
13	Roof	0.0	-	2.0	=	2.0	vert.
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Crush Direction	Dominant
1st 47.	11	48. Ø5	49. 4	50. Z
2nd 51.	11	52. 13	53. 3	54. 1
3rd 55.	11	56. Ø6	57. 3	58. Z
4th 59.	11	60. Ø2	61. 2	62. Z
5th 63.	13	64. Ø5	65. 2	66. Z
6th 67.	13	68. Ø6	69. 2	70. Z
7th 71.	13	72. 13	73. 1	74. 1
8th 75.	—	76. —	77. —	78. —
9th 79.	—	80. —	81. —	82. —
10th 83.	—	84. —	85. —	86. —

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

(97) Catastrophic

- (98) Other enclosed area (specify): _____

Third Seat

- (31) Left
(32) Middle
(33) Right

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
(28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
(31) Outside surface of vehicle (specify): _____

- (32) Other exterior object in the environment (specify): _____

- (33) Unknown exterior object

- (97) Catastrophic

- (98) Intrusion of unlisted component(s)

(specify): _____

- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
(2) ≥ 3 inches but < 6 inches
(3) ≥ 6 inches but < 12 inches
(4) ≥ 12 inches but < 18 inches
(5) ≥ 18 inches but < 24 inches
(6) ≥ 24 inches
(7) Catastrophic
(9) Unknown

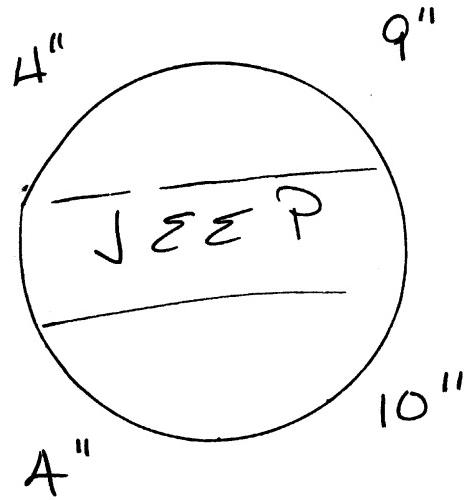
DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
-	-	-	=	-
-	-	-	=	-
-	-	-	=	-
-	-	-	=	-

O'CLOCK POSITION FACING
STEERING WHEEL



HUB TWISTED FORWARD
APPROX. 45°

STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XX

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XXX

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XXX

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

XXX

92. Steering Rim/Spoke Deformation

_____ Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation

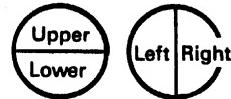
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL**94. Odometer Reading**

10631.3 miles—Code mileage to the

nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

1

96. Knee Bolsters Deformed from Occupant Contact?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

+

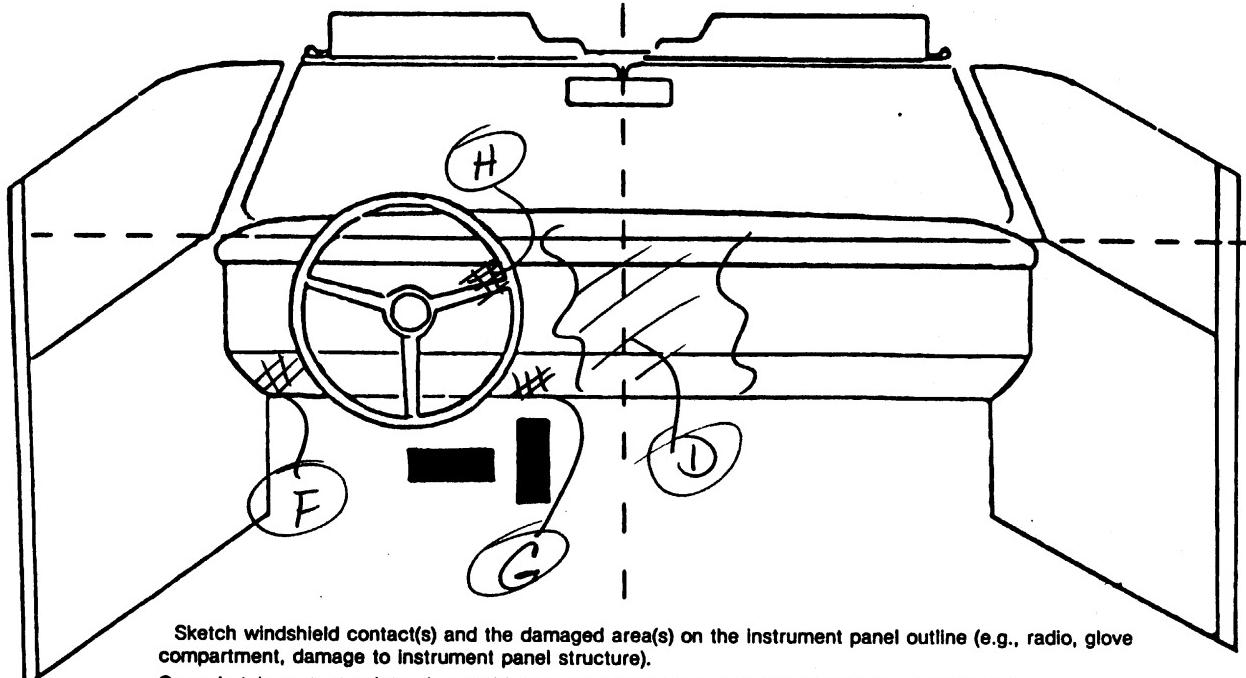
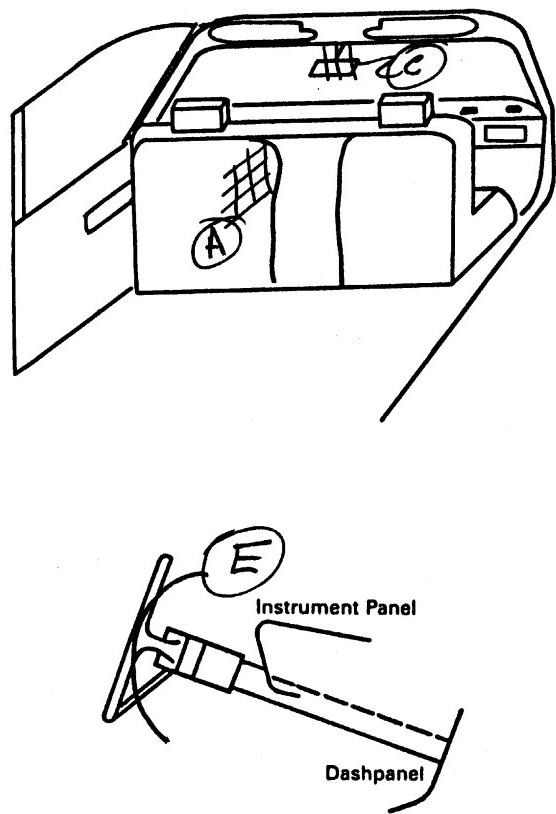
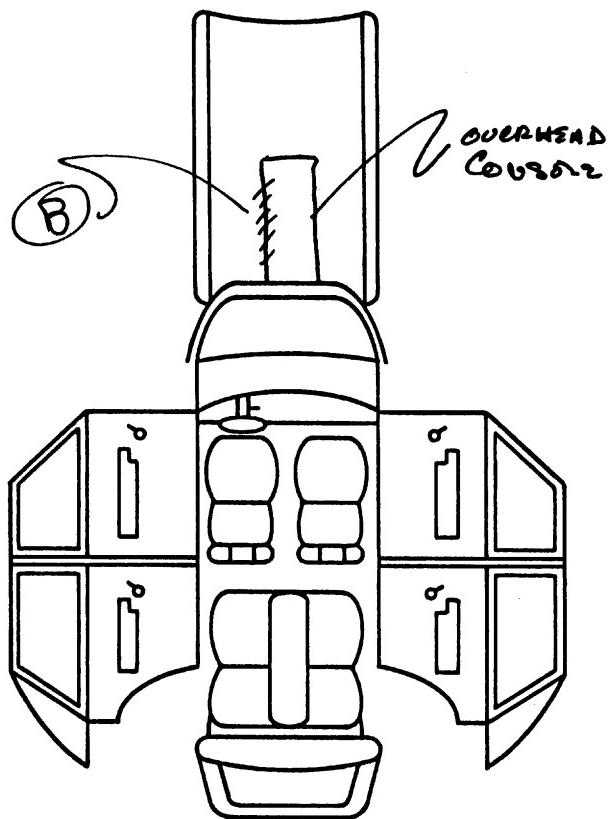
97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

1

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	40 1/2 F	03	TORSO	ABRADED Deformed	1
B	49	03	HEAD	ABRADED / SKIN	1
C	02	03	XHEAD	Smudge / SKIN	1
D	10	03	TORSO	Deformed ABRADED	1
E	06	01	HAND/TORSO	Deformed Skin ABRADED	1
F	09	01	L/Knee	Deformed ABRADED	1
G	10	01	R/Knee	Deformed ABRADED	1
H	14	01	R/HAND	Smudge / SKIN	1
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):
INST CLUSTER GLASS

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
 - (31) Right side hardware or armrest
 - (32) Right A pillar
 - (33) Right B pillar
 - (34) Other right pillar (specify): _____
-
- (35) Right side window glass or frame
 - (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify):
OVERHEAD CONSOLE

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model						

Specify Below for Each Child Safety Seat

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

- (04) Unknown orientation

- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify):

 - (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify):

 - (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat
- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Availability			
I	Function		<i>No Noe</i>	
R	Failure			

AIR BAGS

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

-
- (3) Air bag not reinstalled
 - (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

-
- (9) Unknown

AUTOMATIC BELTS

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts—type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

-
- (8) Other improper use of automatic belt system (specify):
 - (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

-
- (6) Broken retractor
 - (7) Combination of above (specify):
 - (8) Other automatic belt failure (specify):

-
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	6	4
	Use	04	00	04
	Failure Modes	1	0	1
S E C O N D	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available — type unknown
- (8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used — type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat — type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	4	0	4
	Seat Type	0 L.	00	01
	Seat Performance	6	0	6
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	6	6	6
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
L/R occupant & cargo

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

- (7) Combination of above (specify): _____
- (8) Other (specify): _____

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [X] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify): _____

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

(5) Integral structure

- (8) Other medium (specify): _____

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [X] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

Case Number DSI-91-C8-Q1

Vehicle Number 03

Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 32

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 99

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight 210

Code actual weight to the nearest pound.

(99) Unknown

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available-type unknown
 (8) Other belt (specify):

 (9) Unknown

4**18. Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

0 4

- (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used-type unknown
 (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat-type unknown
 (18) Other belt used with child safety seat
 (specify):

 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

1**Belt Used Improperly**

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown**20. Manual (Active) Belt Failure Modes During Accident**

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):

- (8) Other manual belt failure (specify):

(9) Unknown**21. Air Bag System Availability/Function**

- (0) Not equipped/not available
 (1) Air bag

φ**Non-functional**

- (2) Air bag disconnected (specify):

 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

φ**23. Did Air Bag System Fail?**

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (9) Unknown

φ

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):

4

- (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral-no damage
 (2) Integral-damaged during accident
 (3) Adjustable-no damage
 (4) Adjustable-damaged during accident
 (5) Add-on-no damage
 (6) Add-on-damaged during accident
 (8) Other (specify):

3**(9) Unknown**

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

 (7) Combination of above (specify):

 (8) Other (specify):
*Deformed By Cargo Area Luggage
Golf Clubs etc*
 (9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat
 Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

- Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage**32. Child Safety Seat Shield Usage****33. Child Safety Seat Tether Usage**

Note: Options below applicable to Variables OA31-OA33.
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
 (1) C—Possible injury
 (2) B—Nonincapacitating injury
 (3) A—Incapacitating injury
 (4) K—Killed
 (5) U—Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment—Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
 (4) Transported and released
 (5) Treatment at scene—nontransported
 (6) Treatment later
 (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown**37. Hospital stay**

- 99
____ Code number of days (up through 60) that the occupant stayed in the hospital
 (00) Not hospitalized
 (61) 61 days or more
 (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- 99
____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

39. Time to Death

- 0 0
____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal—ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 0 0
____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- 11
____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant

- 0
 (0) Not the Case occupant
 (1) This is the Case occupant
 (2) This is the Case occupant in another case

UPDATE CANDIDATENO [] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE?NO YES **OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION?** NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number—

DSI-91-08-01

Vehicle Number

03

Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	O.I.C.—A.I.S.									
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
1st	8	a.E	7.M	a.E	a.S	10.L	11.R	12.L	13.L	14.R
2nd	8	10.E	17.I	16.E	19.S	20.L	21.R	22.L	23.L	24.R
3rd	25.B	26.K	27.P	28.F	29.S	30.Z	31.R	32.L	33.L	34.R
4th	8	22.L	37.R	24.E	38.S	40.Z	41.R	42.L	43.L	44.R
5th	8	42.L	47.R	44.E	48.S	50.Z	51.R	52.L	53.L	54.R
6th	8	50.Q	57.R	54.E	59.S	60.Z	61.R	62.L	63.L	64.R
7th	8	66.L	67.L	66.E	68.S	70.Z	71.R	72.L	73.L	74.R
8th	8	76.L	81.L	78.E	80.S	82.Z	83.R	84.L	85.L	86.R
9th	8	86.G	97.L	88.E	92.S	93.Z	94.R	95.L	96.L	97.R
10th	8	90.U	97.B	96.P	99.I	100.L	101.R	102.L	103.L	104.R

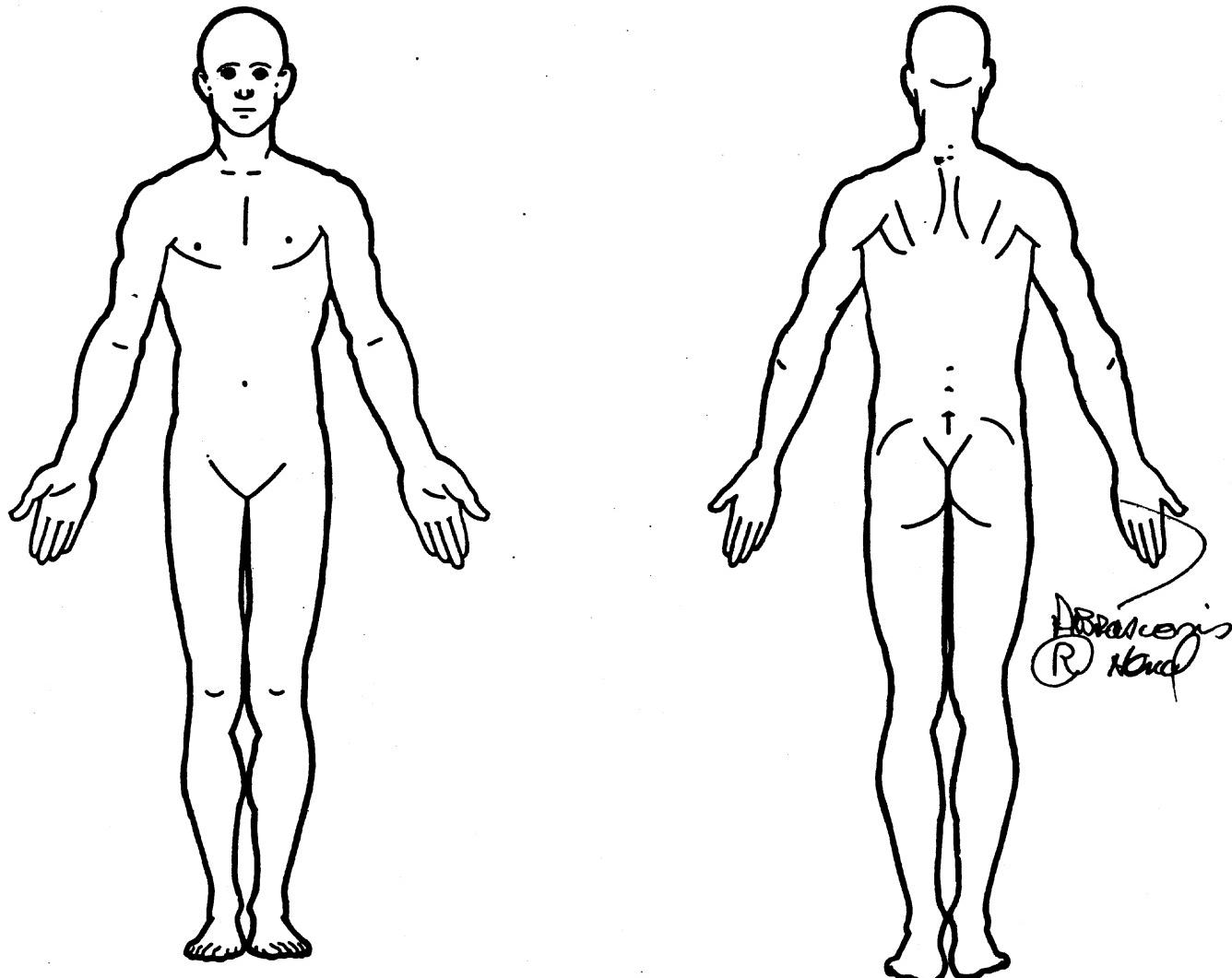
OCCUPANT INJURY DATA

O.I.C.-A.I.S.

Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	8	C	u u u	7	06	1	1	24	
12th	-	-	-	-	-	-	-	-	-
13th	-	-	-	-	-	-	-	-	-
14th	-	-	-	-	-	-	-	-	-
15th	-	-	-	-	-	-	-	-	-
16th	-	-	-	-	-	-	-	-	-
17th	-	-	-	-	-	-	-	-	-
18th	-	-	-	-	-	-	-	-	-
19th	-	-	-	-	-	-	-	-	-
20th	-	-	-	-	-	-	-	-	-
21st	-	-	-	-	-	-	-	-	-
22nd	-	-	-	-	-	-	-	-	-
23rd	-	-	-	-	-	-	-	-	-

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Transcribed from Notes given
TO I.O. By Hospitals, Doctors and
Funerals HODS Where Applicable.

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): *See Above*

- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail

- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

- (44) Head restraint system

- (45) Air bag

- (46) Other occupants (specify):

- (47) Interior loose objects

- (48) Child safety seat (specify):

- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

- (73) Hood

- (74) Hood ornament

- (75) Windshield, roof rail, A-pillar

- (76) Side surface

- (77) Side mirrors

- (78) Other side protrusions (specify):

- (79) Rear surface

- (80) Undercarriage

- (81) Tires and wheels

- (82) Other exterior of other motor vehicle (specify):

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground

- (85) Other vehicle or object (specify):

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle

- (91) Flying glass

- (92) Other noncontact injury source (specify):

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury

- (2) Indirect contact injury

- (3) Noncontact injury

- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- | | | | |
|-----|---------------------------------------|-----|--------------------------------|
| (M) | Abdomen | (W) | Wrist-hand |
| (O) | Ankle-foot | | Aspect of Injury |
| (A) | Arm (upper) | (A) | Anterior-front |
| (B) | Back-thoracolumbar spine | (B) | Bilateral (rib fracture only). |
| (C) | Chest | (C) | Central |
| (E) | Elbow | (I) | Inferior-lower |
| (F) | Face | (U) | Injured, unknown aspect |
| (R) | Forearm | (L) | Left |
| (H) | Head-skull | (P) | Posterior-back |
| (U) | Injured, unknown region | (R) | Right |
| (K) | Knee | (S) | Superior-upper |
| (L) | Leg (lower) | (W) | Whole region |
| (Y) | Lower limb(s) (whole or unknown part) | | Lesion |
| (N) | Neck-cervical spine | (A) | Abrasions |
| (P) | Pelvic-hip | (M) | Amputation |
| (S) | Shoulder | (V) | Avulsion |
| (T) | Thigh | (B) | Burn |
| (X) | Upper limb(s) (whole or unknown part) | (K) | Concussion |
| (O) | Whole body | (C) | Contusion |
| | | (N) | Crush |

- (G) Detachment, separation

- (D) Dislocation

- (F) Fracture

- (Z) Fracture and dislocation

- (U) Injured, unknown lesion

- (L) Laceration

- (O) Other

- (P) Perforation, puncture

- (R) Rupture

- (S) Sprain

- (T) Strain

- (E) Total severance, transection

System/Organ

- (W) All systems in region

- (A) Arteries-veins

- (B) Brain

- (D) Digestive

- (E) Ears

- (O) Eye

- (H) Heart

- (I) Integumentary

- (J) Joints

- (K) Kidneys

- (L) Liver

- (M) Muscles

- (N) Nervous system

- (P) Pulmonary-lungs

- (R) Respiratory

- (S) Skeletal

- (C) Spinal cord

- (Q) Spleen

- (T) Thyroid, other endocrine gland

- (G) Urogenital

- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury

- (2) Moderate injury

- (3) Serious injury

- (4) Severe injury

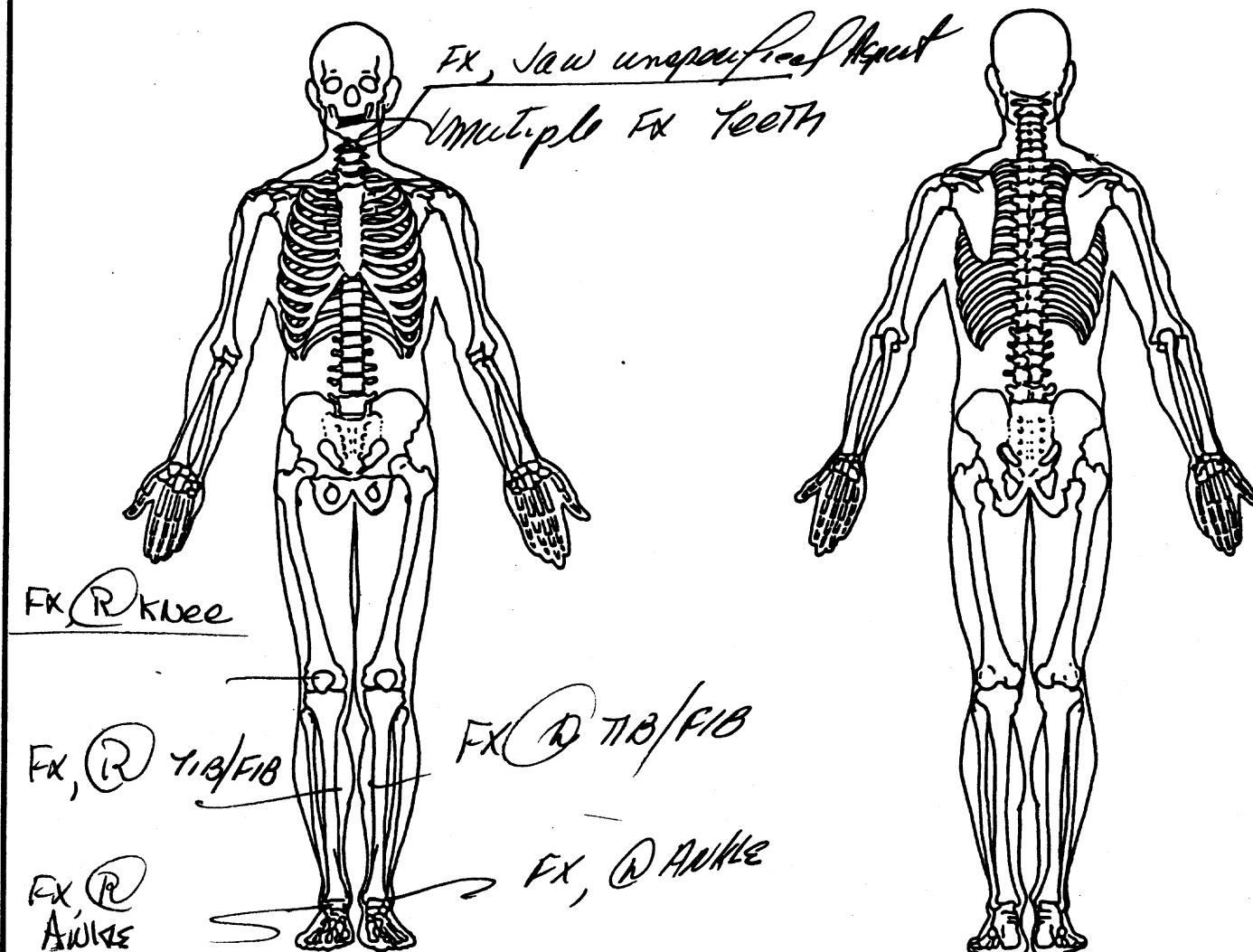
- (5) Critical injury

- (6) Maximum (untreatable)

- (7) Injured, unknown severity

OFFICIAL INJURY DATA – SKELETAL INJURIES

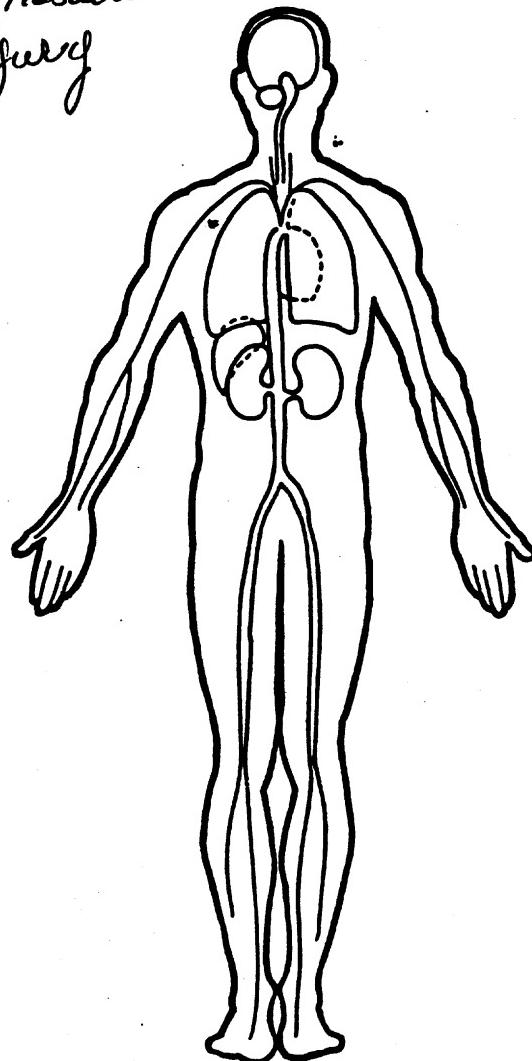
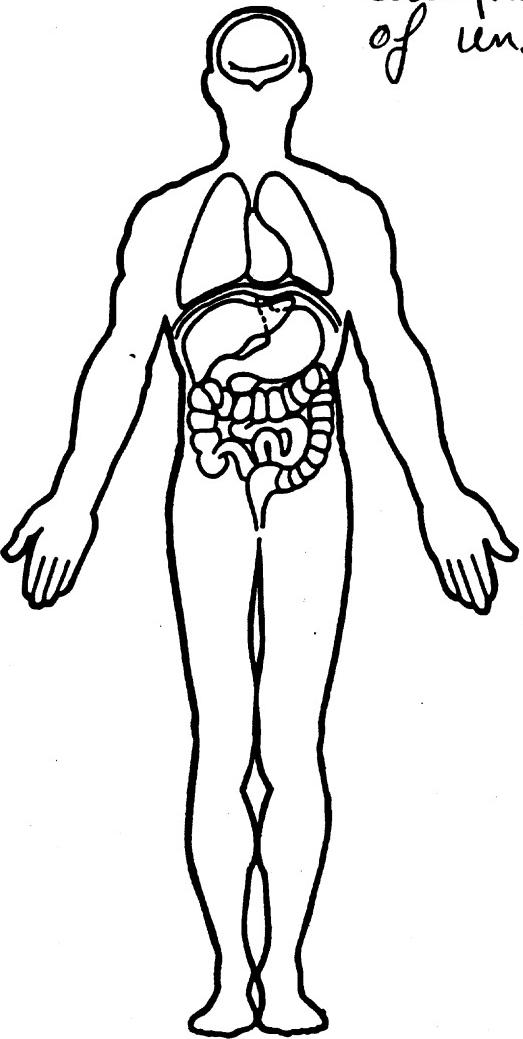
Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Collapsed lung = Results
of unspecified injury





OCCUPANT ASSESSMENT FORM

Case Number

DST-91-C8-01

Vehicle Number

03

Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

23

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

29

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

999

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

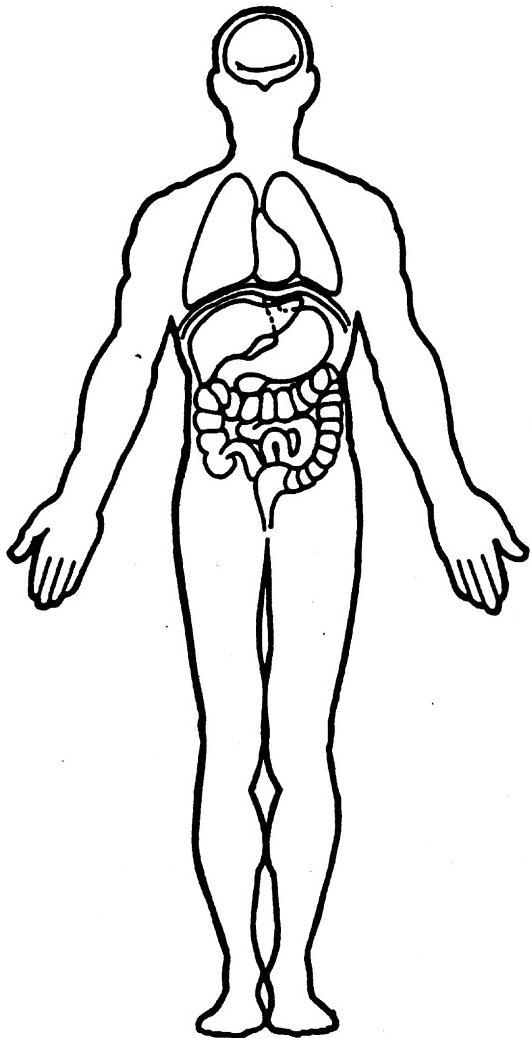
(0) Not entrapped

(1) Entrapped

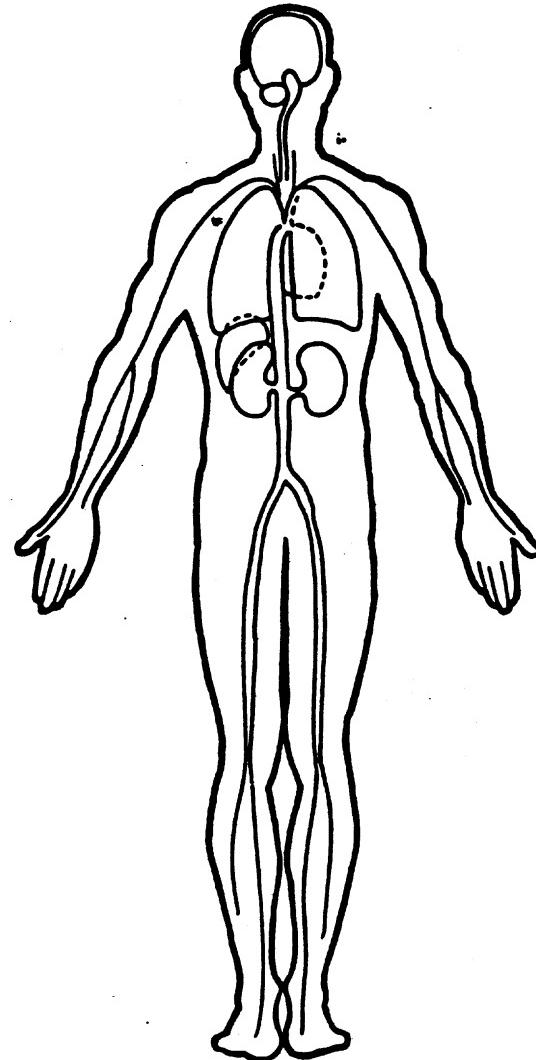
(9) Unknown

OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



None



RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown
 (8) Other belt (specify): _____
 (9) Unknown

4**18. Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify):
 (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used

Ø 4**19. Proper Use of Manual (Active) Belts**

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

1**Belt Used Improperly**

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify): _____

 (9) Unknown**20. Manual (Active) Belt Failure Modes During Accident**

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown

1**21. Air Bag System Availability/Function**

- (0) Not equipped/not available
 (1) Air bag

Ø**Non-functional**

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

Ø**23. Did Air Bag System Fail?**

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

Ø

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

4**25. Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

3

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):
 _____(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

- (000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage**∅ ∅****32. Child Safety Seat Shield Usage****∅ ∅****33. Child Safety Seat Tether Usage****∅ ∅**

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O-No injury
- (1) C-Possible injury
- (2) B-Nonincapacitating injury
- (3) A-Incapacitating injury
- (4) K-Killed
- (5) U-Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown**37. Hospital stay**

- 99
____ Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**98. Glasgow Coma Score
(upon admission)**

(99) Unknown

38. Working Days Lost

- 99
____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- 00
____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 00
____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- 08
____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant

- 0
 - (0) Not the Case occupant
 - (1) This is the Case occupant
 - (2) This is the Case occupant in another case

UPDATE CANDIDATE

NO [X] YES []

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
**IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DST-91-CS-01

Vehicle Number

03
02

Occupant Number

INJURY DATA

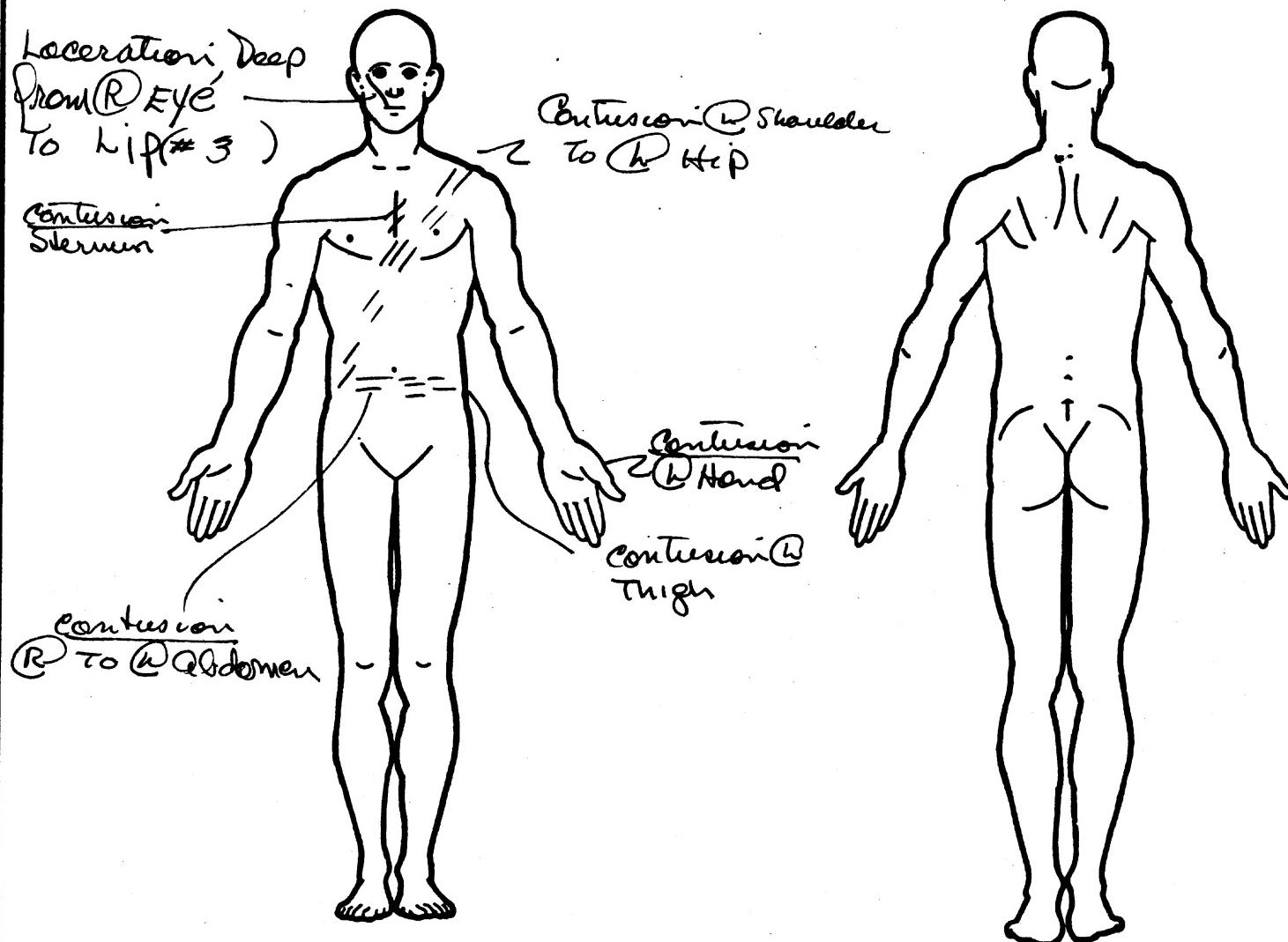
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.—A.I.S.						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source				
1st	5. <u>S</u>	6. <u>B</u>	7. <u>I</u>	8. <u>F</u>	9. <u>S</u>	10. <u>Z</u>	11. <u>49</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>S</u>	16. <u>F</u>	17. <u>C</u>	18. <u>F</u>	19. <u>S</u>	20. <u>1</u>	21. <u>49</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>S</u>	26. <u>F</u>	27. <u>R</u>	28. <u>1</u>	29. <u>I</u>	30. <u>Z</u>	31. <u>91</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>S</u>	36. <u>I</u>	37. <u>L</u>	38. <u>C</u>	39. <u>I</u>	40. <u>1</u>	41. <u>41</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>S</u>	46. <u>W</u>	47. <u>L</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>11</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>
6th	55. <u>S</u>	56. <u>C</u>	57. <u>C</u>	58. <u>C</u>	59. <u>S</u>	60. <u>1</u>	61. <u>41</u>	62. <u>1</u>	63. <u>1</u>	64. <u>00</u>
7th	65. <u>S</u>	66. <u>M</u>	67. <u>I</u>	68. <u>C</u>	69. <u>I</u>	70. <u>Z</u>	71. <u>41</u>	72. <u>1</u>	73. <u>1</u>	74. <u>00</u>
8th	75. <u>S</u>	76. <u>S</u>	77. <u>R</u>	78. <u>C</u>	79. <u>I</u>	80. <u>Z</u>	81. <u>41</u>	82. <u>1</u>	83. <u>1</u>	84. <u>00</u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



TRANSCRIBED from DATA Given I.O.
By Doctor, Hospital and Interviewee

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
 - (2) Hospital medical records other than emergency room (e.g. discharge summary)
 - (3) Emergency room records only (including associated X-rays or other lab reports)
 - (4) Private physician, walk-in or emergency clinic
- UNOFFICIAL**
- (5) Lay coroner report
 - (6) E.M.S. personnel
 - (7) Interviewee
 - (8) Other source (specify): SEE ABOVE
 - (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

(27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
 - (31) Right side hardware or armrest
 - (32) Right A pillar
 - (33) Right B pillar
 - (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

(44) Head restraint system

- (45) Air bag
- (46) Other occupants (specify):

(47) Interior loose objects

(48) Child safety seat (specify):

(49) Other interior object (specify): See above

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
 - (71) Hood edge
 - (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify):

(79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
 - (85) Other vehicle or object (specify):
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (88) Fire in vehicle
- (89) Flying glass
- (90) Other noncontact injury source (specify):

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- | | | | |
|-----|---------------------------------------|-----|--------------------------------|
| (M) | Abdomen | (W) | Wrist-hand |
| (O) | Ankle-foot | | Aspect of Injury |
| (A) | Arm (upper) | (A) | Anterior-front |
| (B) | Back-thoracolumbar spine | (B) | Bilateral (rib fracture only). |
| (C) | Chest | (C) | Central |
| (E) | Elbow | (I) | Inferior-lower |
| (F) | Face | (U) | Injured, unknown aspect |
| (R) | Forearm | (L) | Left |
| (H) | Head-skull | (P) | Posterior-back |
| (U) | Injured, unknown region | (R) | Right |
| (K) | Knee | (S) | Superior-upper |
| (L) | Leg (lower) | (W) | Whole region |
| (Y) | Lower limb(s) (whole or unknown part) | | Lesion |
| (N) | Neck-cervical spine | (A) | Abrasion |
| (P) | Pelvic-hip | (M) | Amputation |
| (S) | Shoulder | (V) | Avulsion |
| (T) | Thigh | (B) | Burn |
| (X) | Upper limb(s) (whole or unknown part) | (K) | Concussion |
| (O) | Whole body | (C) | Contusion |
| | | (N) | Crush |

(G) Detachment, separation

(D) Dislocation

(F) Fracture

(Z) Fracture and dislocation

(U) Injured, unknown lesion

(L) Laceration

(O) Other

(P) Perforation, puncture

(R) Rupture

(S) Sprain

(T) Strain

(E) Total severance, transection

System/Organ

(W) All systems in region

(A) Arteries-veins

(B) Brain

(D) Digestive

(E) Ears

(I) Eye

(H) Heart

(U) Injured, unknown system

(I) Integumentary

(J) Joints

(K) Kidneys

(L) Liver

(M) Muscles

(N) Nervous system

(P) Pulmonary-lungs

(R) Respiratory

(S) Skeletal

(C) Spinal cord

(Q) Spleen

(T) Thyroid, other endocrine gland

(G) Urogenital

(V) Vertebrae

Abbreviated Injury Scale

(1) Minor injury

(2) Moderate injury

(3) Serious injury

(4) Severe injury

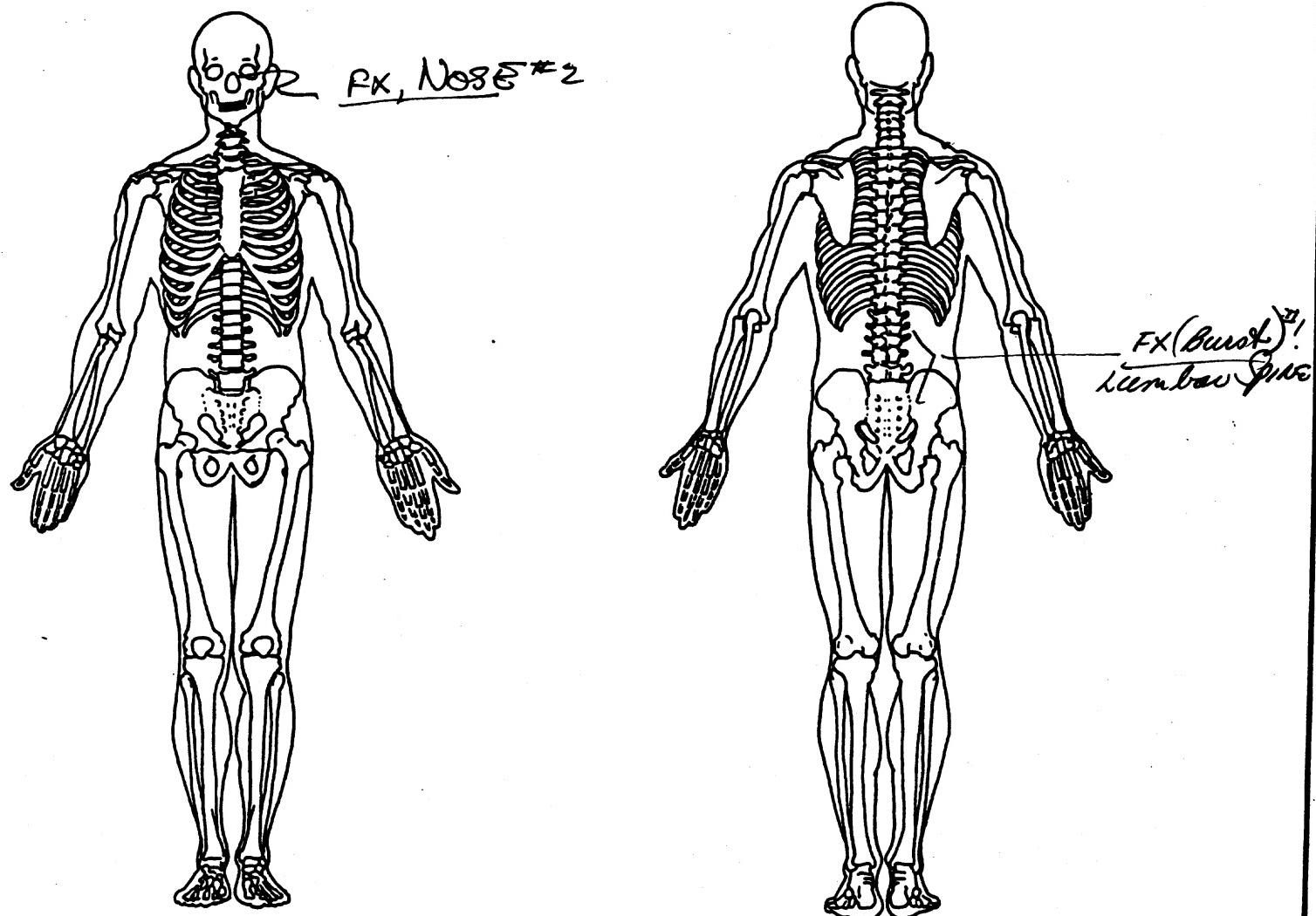
(5) Critical injury

(6) Maximum (untreatable)

(7) Injured, unknown severity

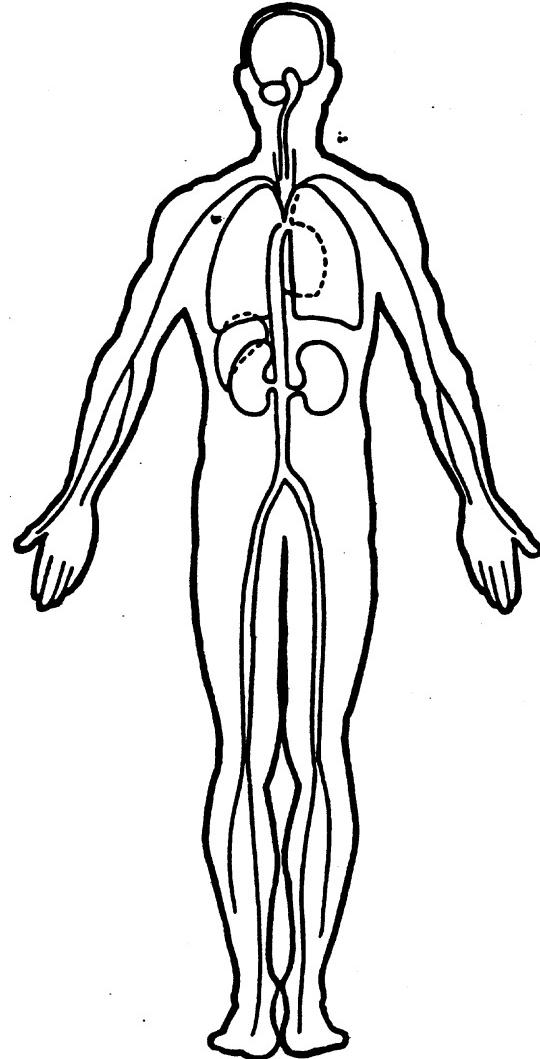
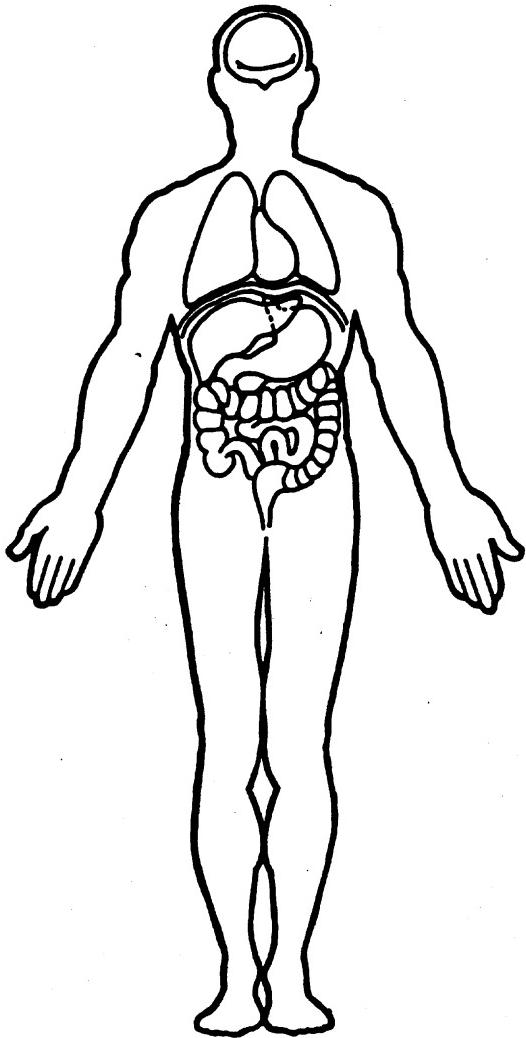
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

Case Number DSI-91-C8-#1

Vehicle Number 03

Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 37

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 99

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight 250

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 21

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability

- (0) Not available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available-type unknown
 (8) Other belt (specify): _____
 (9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____
 (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used-type unknown
 (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat-type unknown
 (18) Other belt used with child safety seat
 (specify): _____
 (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral-no damage
 (2) Integral-damaged during accident
 (3) Adjustable-no damage
 (4) Adjustable-damaged during accident
 (5) Add-on-no damage
 (6) Add-on-damaged during accident
 (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position)

- (00) Occupant not seated or no seat* **Ø 5**
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., van type)
 (09) Other seat type (specify):

 (99) Unknown

27. Seat Performance (This Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks failed
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

(000) No child safety seat **Ø Ø Ø**

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat **Ø Ø**

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

Ø Ø

32. Child Safety Seat Shield Usage

Ø Ø

33. Child Safety Seat Tether Usage

Ø Ø

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

3**35. Treatment—Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown**36. Type of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown**37. Hospital stay**

- 99
____ Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

**99
98. Glasgow Coma Score
(upon admission)**(99) Unknown**38. Working Days Lost**

- 99
____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death

- 00
____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- 00
____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**

- 00
____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

**99
99. Case Occupant**

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATE**NO [X] YES []**

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00, 97, 99)

44. Automatic (Passive) Belt System Availability/**Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes**During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number:

DSI-91-CF-01

Vehicle Number

03
03

Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

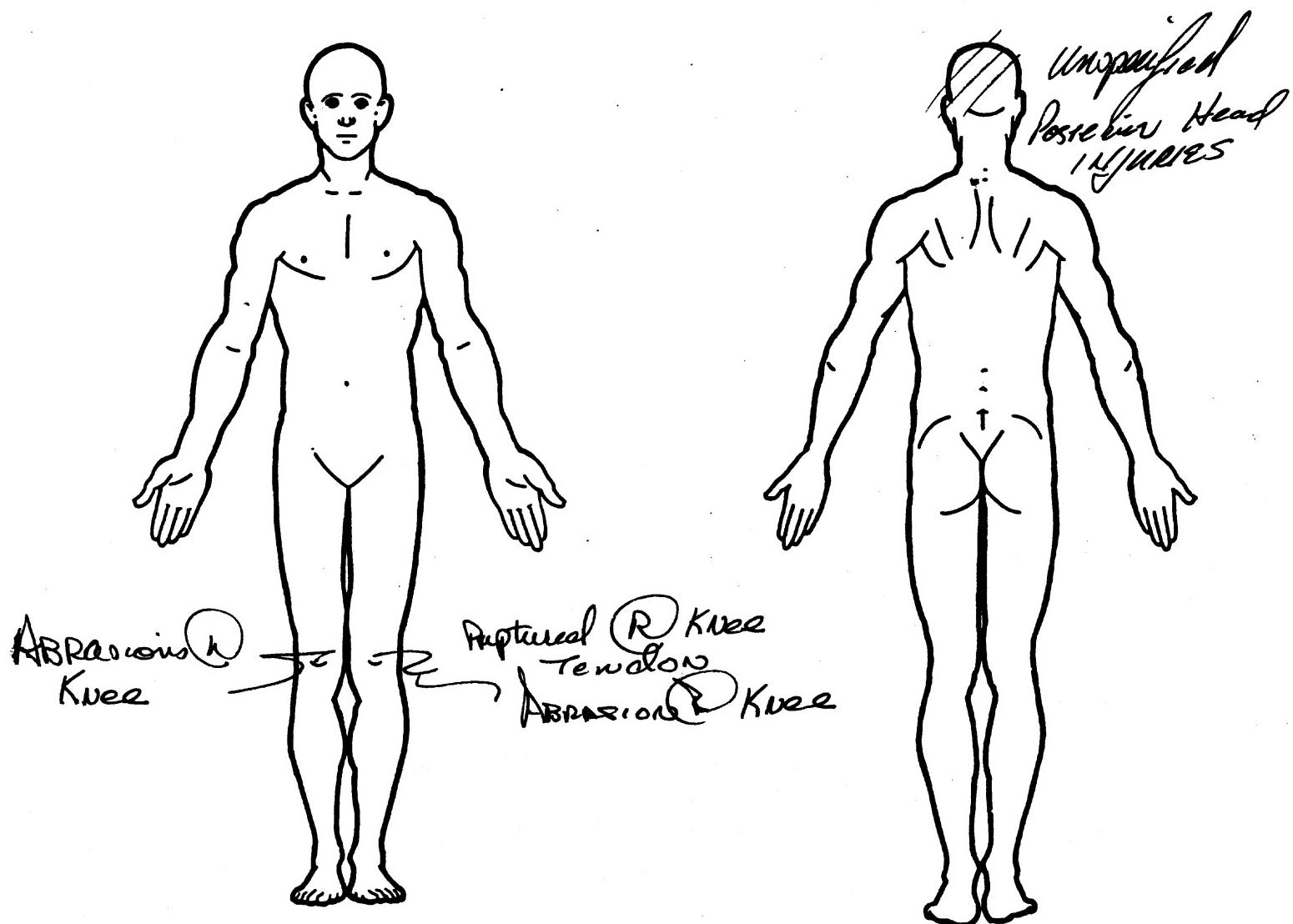
O.I.C.—A.I.S.									
Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.

ICD-9

1st	5.8	6.K	7.L	8.R	9.J	10.3	11.5	12.4	13.1
2nd	15.8	16.K	17.L	18.A	19.T	20.Z	21.5	22.1	23.1
3rd	25.8	26.K	27.R	28.A	29.T	30.Z	31.5	32.1	33.1
4th	35.8	36.W	37.L	38.P	39.Q	40.2	41.9	42.1	43.1
5th	45.8	46.M	47.P	48.C	49.K	50.Z	51.4	52.1	53.1
6th	55.8	56.H	57.P	58.U	59.T	60.1	61.10	62.1	63.1
7th	65.—	66.—	67.—	68.—	69.—	70.—	71.—	72.—	73.—
8th	75.—	76.—	77.—	78.—	79.—	80.—	81.—	82.—	83.—
9th	85.—	86.—	87.—	88.—	89.—	90.—	91.—	92.—	93.—
10th	95.—	96.—	97.—	98.—	99.—	100.—	101.—	102.—	103.—
									104.—

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



*Transcribed from Note's given to
I. O. By Hospital, Doctors and Funeral Home
where applicable*

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): *See Below*

- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): *overhead Cook*

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail

- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

- (44) Head restraint system

- (45) Air bag

- (46) Other occupants (specify):

- (47) Interior loose objects

- (48) Child safety seat (specify):

- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console

- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

- (73) Hood

- (74) Hood ornament

- (75) Windshield, roof rail, A-pillar

- (76) Side surface

- (77) Side mirrors

- (78) Other side protrusions (specify):

- (79) Rear surface

- (80) Undercarriage

- (81) Tires and wheels

- (82) Other exterior of other motor vehicle (specify):

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground

- (85) Other vehicle or object (specify):

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle

- (91) Flying glass

- (92) Other noncontact injury source (specify):

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury

- (2) Indirect contact injury

- (3) Noncontact injury

- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand

- Aspect of Injury**
- (A) Anterior-front
- (B) Bilateral (rib fracture only).
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region
- Lesion**
- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

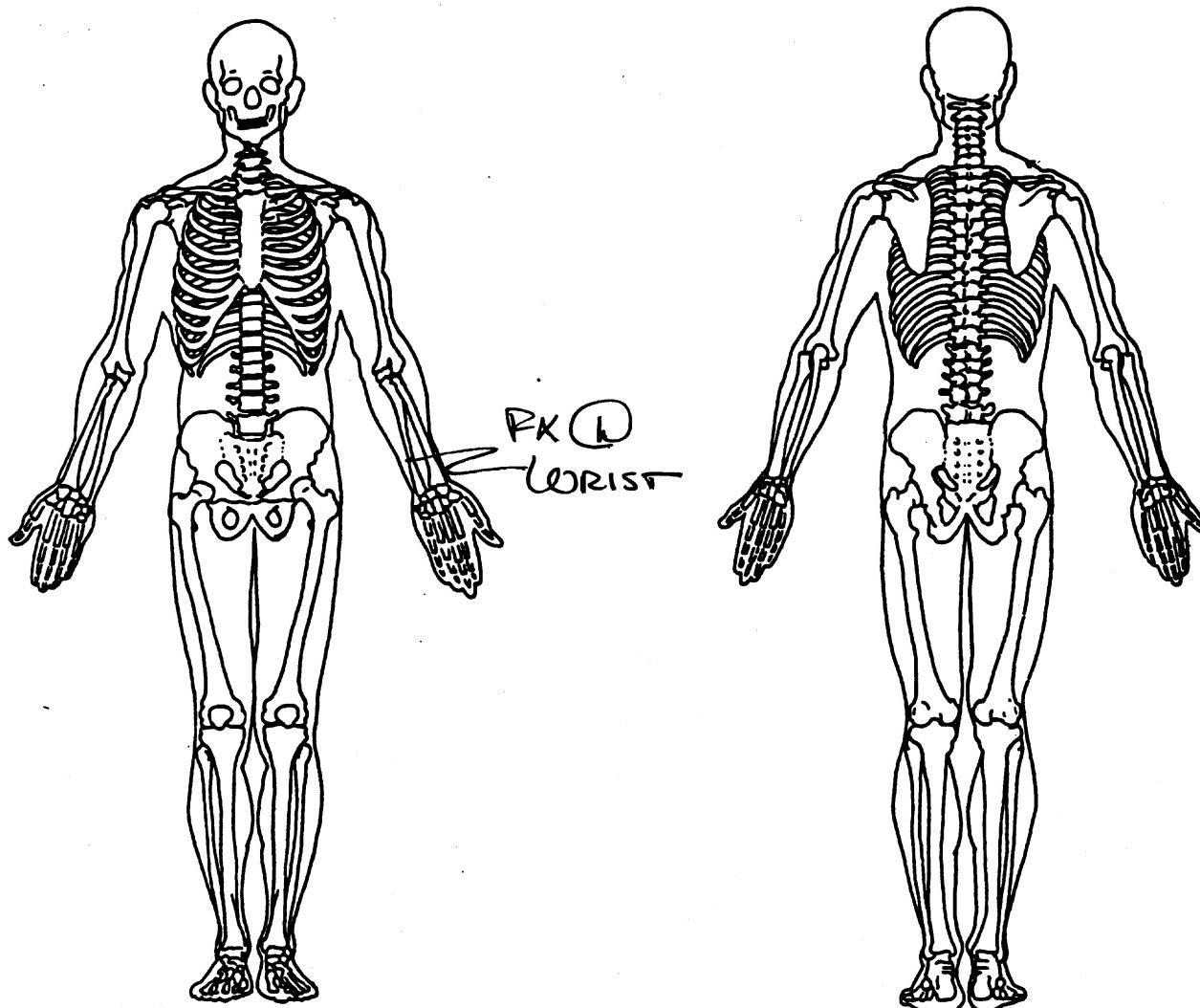
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection
- System/Organ**
- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (I) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae
- Abbreviated Injury Scale**
- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

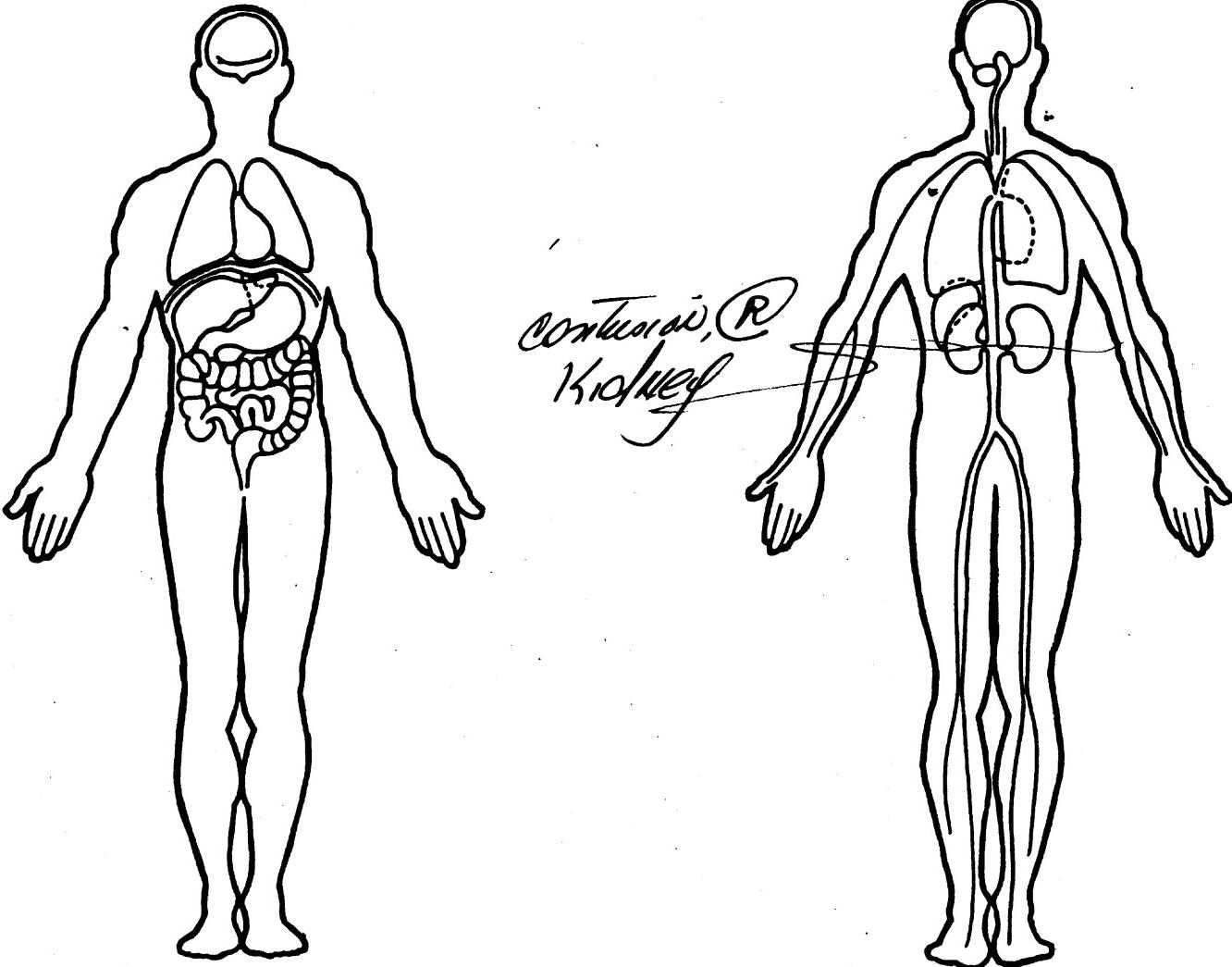
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



dsi

DYNAMIC SCIENCE, INC.

CRASHPC PROGRAM SUMMARY

Identifying Title

Primary Sampling Unit

Case No.-Stratum

Accident Event Sequence No.

Date (month, day, year) of Run

DS 9101

CRASHPC Vehicle Identification

Vehicle 1

1991

FORD

Taurus SW

1

Vehicle 2

1991

JEEP

Cherokee 4DR

2

Year

Make

Model

NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size

Weight 3276 + 530 + 750 3950³

Curb

Occupant(s)

Cargo

1 2 FDEW4

CDC

005

PDOF

3

Stiffness

VEHICLE 2

Size

Weight 3075 + 565 + 80 3720²

Curb

Occupant(s)

Cargo

1 2 FDEW4

CDC

000

PDOF

7

Stiffness

SCENE INFORMATION

Rest and Impact Positions No. Go To Damage Information Yes

VEHICLE 1

Rest Position

X

-----.

Y

-----.

PSI

-----.

Rest Position

X

-----.

Y

-----.

PSI

-----.

Impact Position

X

-----.

Y

-----.

PSI

-----.

Slip Angle

-----.

Slip Angle

-----.

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Skidding

 No Yes

Skidding Stop Before Rest

 No Yes

End-of-Skidding Position

X

-----.

Y

-----.

PSI

-----.

Curved Path

 No Yes

Point on Path

X ----- Y -----.

Rotation Direction None CW CCWRotation > 360° No Yes

VEHICLE 2

Skidding

 No Yes

Skidding Stop Before Rest

 No Yes

End-of-Skidding Position

X

-----.

Y

-----.

PSI

-----.

Curved Path

 No Yes

Point on Path

X ----- Y -----.

Rotation Direction None CW CCWRotation > 360° No Yes

National Accident Sampling System—Crashworthiness Data System: CrashPC Program Summary

FRICTION INFORMATION		TRAJECTORY INFORMATION	
Coefficient of Friction	_____	Trajectory Data [] No [] Yes	
Rolling Resistance Option	_____	<i>If No, Go To Damage Information</i>	
Vehicle 1 Rolling Resistance		Vehicle 1 Steer Angles	
LF _____	RF _____	LF _____	RF _____
LR _____	RR _____	LR _____	RR _____
Vehicle 2 Rolling Resistance		Vehicle 2 Steer Angles	
LF _____	RF _____	LF _____	RF _____
LR _____	RR _____	LR _____	RR _____
Terrain Boundary [] No [] Yes			
First Point X _____ . ____ Y _____ . ____			
Second Point X _____ . ____ Y _____ . ____			
Secondary Friction Coefficient _____			
DAMAGE INFORMATION			
VEHICLE 1		VEHICLE 2	
Damage Length	_____	Damage Length	_____
Crush Depths	C1 <u>33</u> . <u>4</u> C2 <u>34</u> . <u>1</u> C3 <u>35</u> . <u>8</u> C4 <u>37</u> . <u>9</u> C5 <u>37</u> . <u>0</u> C6 <u>32</u> . <u>7</u>	Crush Depths	C1 <u>32</u> . <u>1</u> C2 <u>24</u> . <u>7</u> C3 <u>25</u> . <u>0</u> C4 <u>18</u> . <u>3</u> C5 <u>19</u> . <u>6</u> C6 <u>23</u> . <u>9</u>
Damage Offset	± _____	Damage Offset	± _____
IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.			
Model Year: _____	The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.		
Make: _____			
Model: _____			
VIN: _____			
Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.			

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

-cs01

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #2	35.1	-34.5	6.1	-10.0
		37.3	-37.2	-3.3	5.0

ENERGY DISSIPATED BY DAMAGE VEH#1:145040.6 FT-LB VEH#2:207525.9 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----	CATEGORY 3
STIFFNESS---	CATEGORY 3
WEIGHT-----	3956.0 LBS.
CDC-----	12FDEW4
L-----	60.0 IN.
C1-----	23.4 IN.
C2-----	24.1 IN.
C3-----	25.8 IN.
C4-----	24.9 IN.
C5-----	27.0 IN.
C6-----	32.7 IN.
D-----	.0
RHO-----	1.00 *
ANG-----	-5.0 DEG.
D'-----	1.3 IN.

TYPE-----	CATEGORY 2
STIFFNESS---	CATEGORY 7
WEIGHT-----	3720.0 LBS.
CDC-----	12FDEW4
L-----	60.0 IN.
C1-----	32.1 IN.
C2-----	24.7 IN.
C3-----	25.0 IN.
C4-----	18.3 IN.
C5-----	14.6 IN.
C6-----	23.9 IN.
D-----	.0
RHO-----	1.00 *
ANG-----	.0 DEG.
D'-----	-3.0 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	46.3	IN.
B1	=	55.5	IN.	B2	=	50.1	IN.
TR1	=	58.9	IN.	TR2	=	54.6	IN.
I1	=	34190.7	LB-SEC**2-IN	I2	=	28543.2	LB-SEC**2-IN
M1	=	10.286	LB-SEC**2/IN	M2	=	9.672	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	83.3	IN.
XR1	=	-106.4	IN.	XR2	=	-91.6	IN.
YS1	=	36.3	IN.	YS2	=	33.6	IN.

1. REPORT NO.

MOTOR VEHICLE ACCIDENT REPORT

BEST AVAILABLE

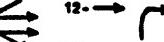
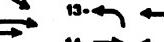
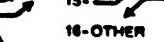
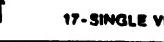
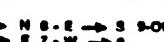
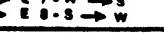
2

3. CAL AREA CASE NO.	4. ACCIDENT DATE MO DAY YR	5. TIME (MILITARY)	6. DAY OF WEEK	7. REPORT TYPE <input checked="" type="checkbox"/> 1 - TRAFFIC ACCIDENT <input type="checkbox"/> 2 - NON TRAFFIC ACCIDENT	8. COUNTY	9. TIME NOTIFIED (MILITARY)	10. TIME ARRIVED (MILITARY)
11. ACCIDENT SEVERITY 1 - Damage only 2 - Possible Injury 3 - Non-Incapacitating		12. FIRST HARMFUL EVENT 01 - Other Motor Veh in transport 02 - Parked Motor Vehicle 03 - Motor Veh on other roadway		04 - Pedestrian 05 - Pedalcycle 06 - Other Convey		07 - Animal 08 - Rv/Rv Train 09 - Other Object	
13. FIXED OBJECT STRUCK 01 - Bridge/Overpass 02 - Building 03 - Curve, Ditch		04 - Curb, Wall 05 - Guardrail/Barrier 06 - Embankment		07 - Person 08 - Light Support pole 09 - Sign Support pole		10 - Other pole 11 - Tree, Shrubbery 12 - Construction Barrier	
14. RELATIONSHIP TO INTERSECTION 1 - Non-Intersection 2 - Intersection		15. KIND OF LOCALITY 1 - Manufacturing or Industrial 2 - Shopping or Business		16. Residential 3 - School or Recreational		17. Open Country	
18. DAMAGE TO PROPERTY OTHER THAN VEHICLE OBJECT		19. OWNER NAME		20. REFERENCED ROAD NAME		21. CITY ACCIDENT OCCURRED IN - OR INDICATE RURAL Rural	
C-1. ACCIDENT OCCURRED ON - ROAD NAME		3. DISTANCE 1 - Feet 2 - Miles		4. GOING FROM ACCIDENT 1 - North 2 - South 3 - East		5. REFERENCED ROAD NAME	
T-1. ROUTE NO. SUFFIX		6. TYPE		ROUTE NO. SUFFIX		7. CITY ACCIDENT OCCURRED IN - OR INDICATE RURAL	
8. MOVEMENT OF VEHICLES VEH 1 01 - Moving Constant Speed 02 - Accelerating 03 - Slowing or Stopping 04 - Starting from Traffic Lane 05 - Starting from Parked Position 06 - Stopped in Traffic Lane 07 - Changing Lanes 08 - Passing 09 - Parking VEH 2 10 - Parked 11 - Backing 12 - Making Left Turn 13 - Making Right Turn 14 - Making Right Turn on Red 15 - Making U Turn 16 - Skidding 17 - Driverless Moving Vehicle 18 - Other/Unknown		9. DIRECTION PRIOR TO TURNING VEH 1 3 - 1 - N 4 - 2 - S VEH 2 5 - 3 - E 6 - 4 - W		10. LOG MILE REFERENCE ON C-1 AT C-6 11 - Line 1 12 - Line 2 13 - Line 3 14 - Line 4 15 - Merge/Transition Lane 16 - Acceleration Lane 17 - Deceleration Lane 18 - Left Turn Lane 19 - Right Turn Lane 20 - Left Shoulder		8. MUNICIPAL CODE	
F-1. TRAFFIC CONTROLS FUNCTIONING 112 113 1 1		NOT FUNCTIONING 2 2 2 2		9. ADDRESS - NO., STREET, CITY, STATE & ZIP		10. RAMP MOVEMENT	
G-1. MV UNIT NO.		2. HIT & RUN 1 - NO 2 - YES		3. DRIVER NAME - FIRST, MIDDLE & LAST		11. ACCIDENT OCCURRED IN 1 - Line 1 2 - Line 2 3 - Line 3 4 - Line 4 5 - Merge/Transition Lane 6 - Acceleration Lane 7 - Deceleration Lane 8 - Left Turn Lane 9 - Right Turn Lane 10 - Left Shoulder	
H-1. DATE OF BIRTH MO DAY YR		7. SEX		8. DRIVER LICENSE NO.		12. YEARS DRV EXP.	
I-1. DATE OF BIRTH MO DAY YR		13. DRIVER EDUCATION 1 - Public 3 - None 2 - Com 4 - Unkn		14. INJ SEV 4		15. SAFETY EQPT. 115	
J-1. DATE OF BIRTH MO DAY YR		16. EJT		17. OCC NO		18. ST. POS	
K-1. DATE OF BIRTH MO DAY YR		19. AGE		20. SEX		21. INJ. SEVERITY	
L-1. DATE OF BIRTH MO DAY YR		22. SFTY EQPT.		23. EJT		24. OCCUPANT NAME & ADDRESS	
M-1. DATE OF BIRTH MO DAY YR		25. PLATE NO.		26. STATE		27. YR	
N-1. DATE OF BIRTH MO DAY YR		28. VEHICLE ID NO.		29. PLATE NO.		30. STATE	
O-1. DATE OF BIRTH MO DAY YR		31. VEHICLE ID NO.		32. YR		33. VEH TYPE	
P-1. DATE OF BIRTH MO DAY YR		34. TOWED TYPE		35. DAMAGE SEVERITY		36. REMOVAL AUTHORITY	
Q-1. DATE OF BIRTH MO DAY YR		37. VEHICLE REMOVED TO		38. REMOVAL AUTHORITY		39. PHONE NO.	
R-1. DATE OF BIRTH MO DAY YR		40. ADDRESS - NO., STREET, CITY, STATE & ZIP		41. STATE		42. YR	
S-1. DATE OF BIRTH MO DAY YR		43. DRIVER EDUCATION 1 - Public 3 - None 2 - Com 4 - Unkn		44. INJ SEV 3		45. SAFETY EQPT. 113	
T-1. DATE OF BIRTH MO DAY YR		46. EJT		47. OCC NO		48. ST. POS	
U-1. DATE OF BIRTH MO DAY YR		49. AGE		50. SEX		51. INJ. SEVERITY	
V-1. DATE OF BIRTH MO DAY YR		52. SFTY EQPT.		53. EJT		54. PLATE NO.	
W-1. DATE OF BIRTH MO DAY YR		55. VEHICLE ID NO.		56. PLATE NO.		57. STATE	
X-1. DATE OF BIRTH MO DAY YR		58. VEHICLE ID NO.		59. PLATE NO.		60. STATE	
Y-1. DATE OF BIRTH MO DAY YR		61. VEHICLE ID NO.		62. PLATE NO.		63. STATE	
Z-1. DATE OF BIRTH MO DAY YR		64. VEHICLE ID NO.		65. PLATE NO.		66. STATE	
AA-1. DATE OF BIRTH MO DAY YR		67. VEHICLE ID NO.		68. PLATE NO.		69. STATE	
BB-1. DATE OF BIRTH MO DAY YR		70. VEHICLE ID NO.		71. PLATE NO.		72. STATE	
CC-1. DATE OF BIRTH MO DAY YR		73. VEHICLE ID NO.		74. PLATE NO.		75. STATE	
DD-1. DATE OF BIRTH MO DAY YR		76. VEHICLE ID NO.		77. PLATE NO.		78. STATE	
EE-1. DATE OF BIRTH MO DAY YR		79. VEHICLE ID NO.		80. PLATE NO.		81. STATE	
FF-1. DATE OF BIRTH MO DAY YR		82. VEHICLE ID NO.		83. PLATE NO.		84. STATE	
GG-1. DATE OF BIRTH MO DAY YR		85. VEHICLE ID NO.		86. PLATE NO.		87. STATE	
HH-1. DATE OF BIRTH MO DAY YR		88. VEHICLE ID NO.		89. PLATE NO.		90. STATE	
II-1. DATE OF BIRTH MO DAY YR		91. VEHICLE ID NO.		92. PLATE NO.		93. STATE	
JJ-1. DATE OF BIRTH MO DAY YR		94. VEHICLE ID NO.		95. PLATE NO.		96. STATE	
KK-1. DATE OF BIRTH MO DAY YR		97. VEHICLE ID NO.		98. PLATE NO.		99. STATE	
LL-1. DATE OF BIRTH MO DAY YR		100. VEHICLE ID NO.		101. PLATE NO.		102. STATE	
MM-1. DATE OF BIRTH MO DAY YR		103. VEHICLE ID NO.		104. PLATE NO.		105. STATE	
NN-1. DATE OF BIRTH MO DAY YR		106. VEHICLE ID NO.		107. PLATE NO.		108. STATE	
OO-1. DATE OF BIRTH MO DAY YR		109. VEHICLE ID NO.		110. PLATE NO.		111. STATE	
PP-1. DATE OF BIRTH MO DAY YR		112. VEHICLE ID NO.		113. PLATE NO.		114. STATE	
QQ-1. DATE OF BIRTH MO DAY YR		115. VEHICLE ID NO.		116. PLATE NO.		117. STATE	
RR-1. DATE OF BIRTH MO DAY YR		118. VEHICLE ID NO.		119. PLATE NO.		120. STATE	
SS-1. DATE OF BIRTH MO DAY YR		121. VEHICLE ID NO.		122. PLATE NO.		123. STATE	
TT-1. DATE OF BIRTH MO DAY YR		124. VEHICLE ID NO.		125. PLATE NO.		126. STATE	
UU-1. DATE OF BIRTH MO DAY YR		127. VEHICLE ID NO.		128. PLATE NO.		129. STATE	
VV-1. DATE OF BIRTH MO DAY YR		130. VEHICLE ID NO.		131. PLATE NO.		132. STATE	
WW-1. DATE OF BIRTH MO DAY YR		133. VEHICLE ID NO.		134. PLATE NO.		135. STATE	
XX-1. DATE OF BIRTH MO DAY YR		136. VEHICLE ID NO.		137. PLATE NO.		138. STATE	
YY-1. DATE OF BIRTH MO DAY YR		139. VEHICLE ID NO.		140. PLATE NO.		141. STATE	
ZZ-1. DATE OF BIRTH MO DAY YR		142. VEHICLE ID NO.		143. PLATE NO.		144. STATE	
AA-1. DATE OF BIRTH MO DAY YR		145. VEHICLE ID NO.		146. PLATE NO.		147. STATE	
BB-1. DATE OF BIRTH MO DAY YR		148. VEHICLE ID NO.		149. PLATE NO.		150. STATE	
CC-1. DATE OF BIRTH MO DAY YR		151. VEHICLE ID NO.		152. PLATE NO.		153. STATE	
DD-1. DATE OF BIRTH MO DAY YR		154. VEHICLE ID NO.		155. PLATE NO.		156. STATE	
EE-1. DATE OF BIRTH MO DAY YR		157. VEHICLE ID NO.		158. PLATE NO.		159. STATE	
FF-1. DATE OF BIRTH MO DAY YR		160. VEHICLE ID NO.		161. PLATE NO.		162. STATE	
GG-1. DATE OF BIRTH MO DAY YR		163. VEHICLE ID NO.		164. PLATE NO.		165. STATE	
HH-1. DATE OF BIRTH MO DAY YR		166. VEHICLE ID NO.		167. PLATE NO.		168. STATE	
II-1. DATE OF BIRTH MO DAY YR		169. VEHICLE ID NO.		170. PLATE NO.		171. STATE	
JJ-1. DATE OF BIRTH MO DAY YR		172. VEHICLE ID NO.		173. PLATE NO.		174. STATE	
KK-1. DATE OF BIRTH MO DAY YR		175. VEHICLE ID NO.		176. PLATE NO.		177. STATE	
LL-1. DATE OF BIRTH MO DAY YR		178. VEHICLE ID NO.		179. PLATE NO.		180. STATE	
MM-1. DATE OF BIRTH MO DAY YR		181. VEHICLE ID NO.		182. PLATE NO.		183. STATE	
NN-1. DATE OF BIRTH MO DAY YR		184. VEHICLE ID NO.		185. PLATE NO.		186. STATE	
OO-1. DATE OF BIRTH MO DAY YR		187. VEHICLE ID NO.		188. PLATE NO.		189. STATE	
PP-1. DATE OF BIRTH MO DAY YR		190. VEHICLE ID NO.		191. PLATE NO.		192. STATE	
QQ-1. DATE OF BIRTH MO DAY YR		193. VEHICLE ID NO.		194. PLATE NO.		195. STATE	
RR-1. DATE OF BIRTH MO DAY YR		196. VEHICLE ID NO.		197. PLATE NO.		198. STATE	
SS-1. DATE OF BIRTH MO DAY YR		199. VEHICLE ID NO.		200. PLATE NO.		201. STATE	
TT-1. DATE OF BIRTH MO DAY YR		202. VEHICLE ID NO.		203. PLATE NO.		204. STATE	
UU-1. DATE OF BIRTH MO DAY YR		205. VEHICLE ID NO.		206. PLATE NO.		207. STATE	
VV-1. DATE OF BIRTH MO DAY YR		208. VEHICLE ID NO.		209. PLATE NO.		210. STATE	
WW-1. DATE OF BIRTH MO DAY YR		211. VEHICLE ID NO.		212. PLATE NO.		213. STATE	
XX-1. DATE OF BIRTH MO DAY YR		214. VEHICLE ID NO.		215. PLATE NO.		216. STATE	
YY-1. DATE OF BIRTH MO DAY YR		217. VEHICLE ID NO.		218. PLATE NO.		219. STATE	
ZZ-1. DATE OF BIRTH MO DAY YR		220. VEHICLE ID NO.		221. PLATE NO.		222. STATE	
AA-1. DATE OF BIRTH MO DAY YR		223. VEHICLE ID NO.		224. PLATE NO.		225. STATE	
BB-1. DATE OF BIRTH MO DAY YR		226. VEHICLE ID NO.		227. PLATE NO.		228. STATE	
CC-1. DATE OF BIRTH MO DAY YR		229. VEHICLE ID NO.		230. PLATE NO.		231. STATE	
DD-1. DATE OF BIRTH MO DAY YR		232. VEHICLE ID NO.		233. PLATE NO.		234. STATE	
EE-1. DATE OF BIRTH MO DAY YR		235. VEHICLE ID NO.		236. PLATE NO.		237. STATE	
FF-1. DATE OF BIRTH MO DAY YR		238. VEHICLE ID NO.		239. PLATE NO.		240. STATE	
GG-1. DATE OF BIRTH MO DAY YR		241. VEHICLE ID NO.		242. PLATE NO.		243. STATE	
HH-1. DATE OF BIRTH MO DAY YR		244. VEHICLE ID NO.		245. PLATE NO.		246. STATE	
II-1. DATE OF BIRTH MO DAY YR		247. VEHICLE ID NO.		248. PLATE NO.		249. STATE	
JJ-1. DATE OF BIRTH MO DAY YR		250. VEHICLE ID NO.		251. PLATE NO.		252. STATE	
KK-1. DATE OF BIRTH MO DAY YR		253. VEHICLE ID NO.		254. PLATE NO.		255. STATE	
LL-1. DATE OF BIRTH MO DAY YR		256. VEHICLE ID NO.		257. PLATE NO.		258. STATE	
MM-1. DATE OF BIRTH MO DAY YR		259. VEHICLE ID NO.		260. PLATE NO.		261. STATE	
NN-1. DATE OF BIRTH MO DAY YR		262. VEHICLE ID NO.		263. PLATE NO.		264. STATE	
OO-1. DATE OF BIRTH MO DAY YR		265. VEHICLE ID NO.		266. PLATE NO.		267. STATE	
PP-1. DATE OF BIRTH MO DAY YR		268. VEHICLE ID NO.		269. PLATE NO.		270. STATE	
QQ-1. DATE OF BIRTH MO DAY YR		271. VEHICLE ID NO.		272. PLATE NO.		273. STATE	
RR-1. DATE OF BIRTH MO DAY YR		274. VEHICLE ID NO.		275. PLATE NO.		276. STATE	
SS-1. DATE OF BIRTH MO DAY YR		277. VEHICLE ID NO.		278. PLATE NO.		279. STATE	
TT-1. DATE OF BIRTH MO DAY YR		280. VEHICLE ID NO.		281. PLATE NO.		282. STATE	
UU-1. DATE OF BIRTH MO DAY YR		283. VEHICLE ID NO.		284. PLATE NO.		285. STATE	
VV-1. DATE OF BIRTH MO DAY YR		286. VEHICLE ID NO.		287. PLATE NO.		288. STATE	
WW-1. DATE OF BIRTH MO DAY YR		289. VEHICLE ID NO.		290. PLATE NO.		291. STATE	
XX-1. DATE OF BIRTH MO DAY YR		293. VEHICLE ID NO.		294. PLATE NO.		295. STATE	
YY-1. DATE OF BIRTH MO DAY YR		297. VEHICLE ID NO.		298. PLATE NO.		299. STATE	
ZZ-1. DATE OF BIRTH MO DAY YR		300. VEHICLE ID NO.		301. PLATE NO.		302. STATE	
AA-1. DATE OF BIRTH MO DAY YR		303. VEHICLE ID NO.		304. PLATE NO.		305. STATE	
BB-1. DATE OF BIRTH MO DAY YR		306. VEHICLE ID NO.		307. PLATE NO.		308. STATE	
CC-1. DATE OF BIRTH MO DAY YR		309. VEHICLE ID NO.		310. PLATE NO.		311. STATE	
DD-1. DATE OF BIRTH MO DAY YR		312. VEHICLE ID NO.		313. PLATE NO.		314. STATE	
EE-1. DATE OF BIRTH MO DAY YR		315. VEHICLE ID NO.		316. PLATE NO.		317. STATE	
FF-1. DATE OF BIRTH MO DAY YR		318. VEHICLE ID NO.		319. PLATE NO.		320. STATE	
GG-1. DATE OF BIRTH MO DAY YR		321. VEHICLE ID NO.		322. PLATE NO.		323. STATE	
HH-1. DATE OF BIRTH MO DAY YR		324. VEHICLE ID NO.		325. PLATE NO.		326. STATE	
II-1. DATE OF BIRTH MO DAY YR		327. VEHICLE ID NO.		328. PLATE NO.		329. STATE	
JJ-1. DATE OF BIRTH MO DAY YR		330. VEHICLE ID NO.		331. PLATE NO.		332. STATE	
KK-1. DATE OF BIRTH MO DAY YR		333. VEHICLE ID NO.		334. PLATE NO.		335. STATE	
LL-1. DATE OF BIRTH MO DAY YR		336. VEHICLE ID NO.		337. PLATE NO.		338. STATE	
MM-1. DATE OF BIRTH MO DAY YR		339. VEHICLE ID NO.		340. PLATE NO.		341. STATE	
NN-1. DATE OF BIRTH MO DAY YR		342. VEHICLE ID NO.		343. PLATE NO.		344. STATE	
OO-1. DATE OF BIRTH MO DAY YR		345. VEHICLE ID NO.		346. PLATE NO.		347. STATE	
PP-1. DATE OF BIRTH MO DAY YR		348. VEHICLE ID NO.		349. PLATE NO.		350. STATE	
QQ-1. DATE OF BIRTH MO DAY YR		351. VEHICLE ID NO.		352. PLATE NO.		353. STATE	
RR-1. DATE OF BIRTH MO DAY YR		354. VEHICLE ID NO.		355. PLATE NO.		356. STATE	
SS-1. DATE OF BIRTH MO DAY YR		357. VEHICLE ID NO.		358. PLATE NO.		359. STATE	
TT-1. DATE OF BIRTH MO DAY YR		360. VEHICLE ID NO.		361. PLATE NO.		362. STATE	
UU-1. DATE OF BIRTH MO DAY YR		363. VEHICLE ID NO.		364. PLATE NO.		365. STATE	
VV-1. DATE OF BIRTH MO DAY YR		366. VEHICLE ID NO.		367. PLATE NO.		368. STATE	
WW-1. DATE OF BIRTH MO DAY YR		369. VEHICLE ID NO.		370. PLATE NO.		371. STATE	
XX-1. DATE OF BIRTH MO DAY YR		373. VEHICLE ID NO.		374. PLATE NO.		375. STATE	
YY-1. DATE OF BIRTH MO DAY YR		376. VEHICLE ID NO.		377. PLATE NO.		378. STATE	
ZZ-1. DATE OF BIRTH MO DAY YR		379. VEHICLE ID NO.		380. PLATE NO.		381. STATE	
AA-1. DATE OF BIRTH MO DAY YR		382. VEHICLE ID NO.		383. PLATE NO.		384. STATE	
BB-1. DATE OF BIRTH MO DAY YR		385. VEHICLE ID NO.		386. PLATE NO.		387. STATE	
CC-1. DATE OF BIRTH MO DAY YR		388. VEHICLE ID NO.		389. PLATE NO.		390. STATE	
DD-1. DATE OF BIRTH MO DAY YR		391. VEHICLE ID NO.		392. PLATE NO.		393. STATE	
EE-1. DATE OF BIRTH MO DAY YR		394. VEHICLE ID NO.		395. PLATE NO.		396. STATE	
FF-1. DATE OF BIRTH MO DAY YR		397. VEHICLE ID NO.		398. PLATE NO.		399. STATE	
GG-1. DATE OF BIRTH MO DAY YR		400. VEHICLE ID NO.		401. PLATE NO.		402. STATE	
HH-1. DATE OF BIRTH MO DAY YR		403. VEHICLE ID NO.		404. PLATE NO.		405. STATE	
II-1. DATE OF BIRTH MO DAY YR		406. VEHICLE ID NO.		407. PLATE NO.		408. STATE	
JJ-1. DATE OF BIRTH MO DAY YR		410. VEHICLE ID NO.		411. PLATE NO.		412. STATE	
KK-1. DATE OF BIRTH MO DAY YR		413. VEHICLE ID NO.		414. PLATE NO.		415. STATE	
LL-1. DATE OF BIRTH MO DAY YR		416. VEHICLE ID NO.		417. PLATE NO.		418. STATE	
MM-1. DATE OF BIRTH MO DAY YR		419. VEHICLE ID NO.		420. PLATE NO.		421. STATE	
NN-1. DATE OF BIRTH MO DAY YR		422. VEHICLE ID NO.		423. PLATE NO.		424. STATE	
OO-1. DATE OF BIRTH MO DAY YR		425. VEHICLE ID NO.		426. PLATE NO.		427. STATE	
PP-1. DATE OF BIRTH MO DAY YR		428. VEHICLE ID NO.		429. PLATE NO.		430. STATE	

 FRONT 1 2 3 4 5 6 7 8 9 REAR		H - POINT OF IMPACT VEH 1 AREAS DAMAGED 1. 0 1 VEH 1 3. 0 1 0 2 1 1 2 VEH 2 VEH 2 2. 0 4 4. 0 4 0 7 1 10 - Underside 11 - Overturned 12 - Totaled 13 - Fire Damage AREA DAMAGE ONLY		VEHICLE CONDITION VEH 1 3. 0 1 7 1 VEH 2 6. 0 1 1		DRIVER CONDITION VEH 1 7. 9 1 VEH 2 8. 1 1		1 - Apparently Normal 2 - Had been Drinking 3 - Using Drugs 4 - Physically Handicapped 5 - Ill 6 - Fatigued 7 - Apparently Asleep 8 - Blinded by Glass 9 - Condition Unknown					
ILLUMINATION 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark (Street Lts on) 5 - Dark (Street Lts off) 6 - Dark (No Lts) 7 - Unknown		WEATHER 1 - Clear 2 - Cloudy 3 - Foggy 4 - Rainning 5 - Snowing 6 - Severe Wind 7 - Other 8 - Unknown		SURFACE TYPE 3 1 - Concrete 2 - Tar & Chip 3 - Asphalt 4 - Brick 5 - Gravel 6 - Sand 7 - Other		ROADWAY SURFACE 1 1 - Wet 2 - Dry 3 - Snow 4 - Ice 5 - Mud 6 - Other 7 - Unknown		ROAD CONDITION 1 1 - No Defects 2 - Shoulder Defect 3 - Holes, Poths, Etc. 4 - Foreign Material 5 - Loose Surface Material 6 - Obstruction not Lighted 7 - Obstruction not Signaled 8 - View Obstructed 9 - Construction/Maintenance		ROAD CHARACTER 5 1 - Straight & Level 2 - Straight & Grade 3 - Straight & Hillcrest 4 - Curve & Level 5 - Curve & Grade 6 - Curve & Hill 7 - On Bridge 8 - Other			
1. PED NO 1 - Pedestrian 2 - Motorcycle		2. PED INDICATOR 1 - Pedestrian 2 - Motorcycle		3. PED NAME _____				4. PED. BIRTHDATE _____					
5. ED INJ SEV <input type="checkbox"/>		6. PED SEX _____		7. ADDRESS-NO., STREET, CITY, STATE & ZIP _____				8. PHONE NO. _____					
9. ED MANEUVER 01 - Crossing/Entering Roadway at Intersection 02 - Crossing/Entering Roadway Not at Intersection 03 - Walking/Riding on Road w/Traffic 04 - Walking/Riding on Road against Traffic						05 - Playing 06 - Standing 07 - Getting on/off Veh 08 - Pushing/Working On Veh. 09 - Other Working		10 - Hitch-Hiking 11 - Approaching/ Leaving School Bus 12 - Other 13 - Unknown		10. PED CONDITION 1 1 - Apparently Normal 2 - Had been Drinking 3 - Using Drugs		11. PED VISIBILITY 1 1 - Light Clothing 2 - Dark Clothing 3 - Glare Clothing 4 - Reflective/Material 5 - Head Light 6 - Rear Light Reflector 7 - Hd Lt & Rear Lt Reflector	
E2. ESTRIAN TRAFFIC CONTROLS FUNCTIONING NOT FUNCTIONING						1 - Walk/Don't Walk Signal 2 - Push Button Control 3 - Crosswalk-Marked		4 - Uniformed Crossing Guard 5 - Student Crossing Guard 6 - No Control Present		7. N/A		14. PED LOCATION AT TIME OF ACCIDENT 1 - Shoulder 2 - Curb 3 - Sidewalk 4 - Outside Pt of Way 5 - On Roadway at Crosswalk 6 - On Roadway not at Crosswalk 7 - School Bus Zone 8 - Sideway 9 - Unknown	
15. BICYCLE - MAKE, WHEEL SIZE & OTHER DESCRIPTION _____													
K-1 FIRST AID ADMINISTERED BY 1 - Policeman 2 - Fireman 3 - Ambulance Personnel 4 - Helicopter Personnel			2. EMS REPORT NO. _____			3. EMS REPORT NO. _____			4. INJURED TAKEN BY _____				
1. UNIT 1		2. CITATION NO. _____		3. CHARGE SEC _____		4. CITATION NO. _____		5. CHARGE SEC _____		6. CITATION NO. _____			
2													
1 PHOTO TAKEN 1 - YES 2 - NO		2. INVEST'D AT SCENE 1 - YES 2 - NO		3. INVEST'N COMPLETE 1 - YES 2 - NO		N - ALCOHOL TEST 1. VEH ONE 2. VEH TWO 6 6		K-643 1 - Breathalyzer 2 - Blood 3 - Urine 4 - Post Mortem		5. TEST RESULTS 1. VEH ONE 2. VEH TWO 3. PED. _____			
1. WITNESS NAME 1 _____						2. ADDRESS _____						3. PHONE NO. _____	
4. WITNESS - NAME 2 _____						5. ADDRESS _____							
1. DESCRIPTION VEH #1 1) #5 1816 - 1915 20) F 21) S 22) 03 23) G1 24)													
VEHICLE #1 WAS TRAVELING S18. VEHICLE #2 AND #3 WERE TRAVELING N18. VEHICLE #1 crossed the center-line. VEHICLE #2 attempted evasive action by swerving to the shoulder. VEHICLE #1 designed VEHICLE #2 which then spun out of control, coming to final rest in the S18 lane. VEHICLE #1 continued in the N18 lane striking VEHICLE #3 head on were both vehicles came to final rest. At the time of the collision, there was a heavy down pour of rain. VEHICLE #1's front tires were found to have less than 2/32 tread depth.													
1. DIAGRAM 													
-CAUSE ACCIDENT PRIMARY 2-SECONDARY 10 50													
CONTRIBUTING CIRCUMSTANCE 3. VEH ONE 4. VEH TWO 10 95		T-1 INVESTIGATING OFFICER _____		2. OFFICER ID NO. _____		3. AGENCY _____		4. INSTALLATION _____					
5. PATROL AREA _____		6. DATE _____		7. SPECIAL STUDY _____		8. SUPER. APPROVAL _____		9. ID NO. _____					
10. REVIEWER _____													

BEST AVAILABLE

MOTOR VEHICLE ACCIDENT REPORT

3. LOCAL AREA CASE NO.		4. ACCIDENT DATE MO DAY	5. TIME (MILITARY)	6. DAY OF WEEK	7. REPORT TYPE <input checked="" type="checkbox"/> 1 - TRAFFIC ACCIDENT <input type="checkbox"/> 2 - NON TRAFFIC ACCIDENT	8. COUNTY	9. TIME NOTIFIED (MILITARY)	10. TIME ARRIVED (MILITARY)
1. ACCIDENT SEVERITY <input type="checkbox"/> 1 - Damage only <input type="checkbox"/> 2 - Possible Injury <input type="checkbox"/> 3 - Non-Incapacitating		4. INCAPACITATING <input type="checkbox"/> 4 - Incapacitating <input type="checkbox"/> 5 - Fatal		12. FIRST HARMFUL EVENT <input type="checkbox"/> 61 - Other Motor Veh in Transport <input type="checkbox"/> 62 - Parked Motor Vehicle <input type="checkbox"/> 63 - Motor Veh on other roadway		13. SUBSEQUENT EVENTS <input type="checkbox"/> 64 - Pedestrian <input type="checkbox"/> 65 - Pedestrian <input type="checkbox"/> 66 - Other Convey <input type="checkbox"/> 67 - Animal <input type="checkbox"/> 68 - Rail Train <input type="checkbox"/> 69 - Other Object <input type="checkbox"/> 70 - Overturned <input type="checkbox"/> 71 - Flood Object <input type="checkbox"/> 72 - Other Non-Collision		14. COLLISION TYPE <input type="checkbox"/> 06 -  <input type="checkbox"/> 07 -  <input type="checkbox"/> 08 -  <input type="checkbox"/> 09 -  <input type="checkbox"/> 10 -  <input type="checkbox"/> 11 -  <input type="checkbox"/> 12 -  <input type="checkbox"/> 13 -  <input type="checkbox"/> 14 -  <input type="checkbox"/> 15 -  <input type="checkbox"/> 16 - OTHER <input type="checkbox"/> 17 - SINGLE VEH
18. RELATIONSHIP TO INTERSECTION <input type="checkbox"/> 1 - Non-Intersection <input type="checkbox"/> 2 - Intersection		19. KIND OF LOCALITY <input type="checkbox"/> 1 - Manufacturing or Industrial <input type="checkbox"/> 2 - Shopping or Business		3. ROAD NAME		4. OWNER NAME		5. DAMAGE SEVERITY <input type="checkbox"/> 1 - No Damage <input type="checkbox"/> 2 - Superficial <input type="checkbox"/> 3 - Moderate <input type="checkbox"/> 4 - Destroyed
B-1. DAMAGE TO PROPERTY OTHER THAN VEHICLE OBJECT		B-2. REFERENCED ROAD NAME		B-3. CITY ACCIDENT OCCURRED IN - OR INDICATE RURAL		B-4. MUNICIPAL CODE		
C-1. ACCIDENT OCCURRED ON - ROAD NAME		C-2. DISTANCE <input type="checkbox"/> 1 - Feet <input type="checkbox"/> 2 - Miles		C-3. REFERENCED ROAD NAME		C-4. CITY ACCIDENT OCCURRED IN - OR INDICATE RURAL		C-5. MUNICIPAL CODE
D-1. TYPE ROUTE NO. SUFFIX		D-2. GOING FROM ACCIDENT <input type="checkbox"/> 1 - North <input type="checkbox"/> 2 - South <input type="checkbox"/> 3 - East		D-3. TYPE ROUTE NO. SUFFIX		D-4. LOG MILE REFERENCE ON C-1. AT C-5.		D-5. RAMP MOVEMENT <input type="checkbox"/> 0 - N/A <input type="checkbox"/> 1 - N → W <input type="checkbox"/> 2 - W → N <input type="checkbox"/> 3 - E → N <input type="checkbox"/> 4 - N → E <input type="checkbox"/> 5 - S → E <input type="checkbox"/> 6 - E → S <input type="checkbox"/> 7 - S → W <input type="checkbox"/> 8 - W → S <input type="checkbox"/> 9 - E → W <input type="checkbox"/> 10 - S → W <input type="checkbox"/> 11 - N → E <input type="checkbox"/> 12 - N → S <input type="checkbox"/> 13 - W → S <input type="checkbox"/> 14 - E → N <input type="checkbox"/> 15 - S → E <input type="checkbox"/> 16 - W → N <input type="checkbox"/> 17 - E → S <input type="checkbox"/> 18 - N → W <input type="checkbox"/> 19 - S → N <input type="checkbox"/> 20 - W → E <input type="checkbox"/> 21 - E → N <input type="checkbox"/> 22 - N → W <input type="checkbox"/> 23 - W → S <input type="checkbox"/> 24 - S → W <input type="checkbox"/> 25 - E → S <input type="checkbox"/> 26 - S → E <input type="checkbox"/> 27 - 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FRONT		H - POINT OF IMPACT		AREAS DAMAGED		VEHICLE CONDITION		DRIVER CONDITION	
		VEH 1		VEH 1		VEH 1		BEST AVAILABLE	
		VEH 2		VEH 2		VEH 2			
		10 - Undercarriage		11 - Overturned		12 - Totaled			
		14 - Other		13 - Fire Damage		AREA DAMAGE ONLY			
REAR		15 - None/Unknown							
ILLUMINATION		1. Daylight		2. Weather		3. Surface Type		4. Roadway Surface	
		2. Overcast		1. Clear		1. Concrete		1. Wet	
		3. Dusk		2. Cloudy		2. Tar & Chip		2. Dry	
		4. Dark		3. Foggy		3. Asphalt		3. Snow	
		(Street Lts on)		4. Rainning		Blacktop		4. Ice	
		5. Dark		5. Snowing		5. Gravel		5. Mud	
		(Street Lts off)		6. Severe Wind		6. Sand		6. Other	
		7. Other		7. Other		7. Unknown		7. Unknown	
7. Undercloud		8. Unknown							
9.		10.		11.		12.		13.	
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DETAILED SUPPLEMENT REPORT

DATE AND TIME:

LOCATION: N/B

DECEDENT: 1)

Seatbelt was utilized, however the child was 3 Y.O.A. and was not restrained in a child safety seat.

The deceased was pronounced dead at the scene by Medical Examiner for

The body was transported to the Medical Examiners Office located in for post mortem investigation. Transport was provided by

Apparent cause of death was multiple injuries to the head and body as a direct result of the M/V collision.

telephoned the Barrack. At that time she was notified by

DETAILED SUPPLEMENT REPORT

DECEASED (Cont): 2)

W/F

Seatbelt was utilized

The deceased was pronounced dead at the scene by Dr.

Medical Examiner

The body was transported to the Medical Examiners Office located in for post mortem investigation.

Transport was provided by

On

(Aunt) telephoned the Barrack. At that time she was notified by

3)

W/F D.O.B.:

Child booster seat was utilized-not a child safety seat.
(WNHL)

was transported to Hospital

by the

She was pronounced dead at Hospital at 1515 Hrs. by Dr.

Apparent cause of death was multiple trauma to the head and neck as a direct result of the M/V accident.

was notified by Hospital. She is

DETAILED SUPPLEMENT REPORT

DECEASED (Cont): The body was transported by

to

INJURED:

1)

W/M D.O.B.:

Seatbelt not utilized-drivers airbag (WHL)

Injured was transported to Hospital
via helicopter.

2)

W/F 24 Y.O.A.

Seatbelt not utilized (WHL)

Injured was transported to Shock Trauma
via ambulance

3)

W/F 15 Y.O.A.

Seatbelt not utilized (WHL)

Injured was taken to Shock Trauma
via ambulance

ITEM NO.	4	COMPLAINT CONTROL NO.
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DETAILED SUPPLEMENT REPORT

INJURED : (Cont): 4)

W/M D.O.B.:

Seatbelt utilized

Injured was taken to Hospital
via helicopter.

5)

W/M 37 Y.O.A.

Seatbelt utilized

injured was taken to Shock Trauma
via ambulance.

6)

W/F 23 Y.O.A.

Seatbelt utilized

Injured was taken to Shock Trauma
via ambulance

7)

W/F D.O.B.:

Seatbelt utilized

Injured did not wish to be transported from the scene

DETAILED SUPPLEMENT REPORT

INJURED (Cont): After the accident she responded to General Hospital were she was treated for minor injuries.

8) W/F 64 Y.O.A.

Seatbelt utilized

Injured advised of possible injury, however she refused treatment at the scene.

VEHICLE INFORMATION: Vehicle # 1

1991 Ford Taurus Station Wagon black in color

Point of Impact: Left front of vehicle

Area of Damage: Damage began at the front bumper of the vehicle and continued down both sides of the vehicle passed the passenger doors. Vehicle totaled.

The vehicle was towed by

located at

Vehicle was towed at drivers request.

DETAILED SUPPLEMENT REPORT

VEHICLE INFORMATION: Vehicle # 2

1990 Buick Skylark blue in color

Point of Impact: Drivers door.

Area of Damage: Damage began on the drivers door and extended back to the rear of the vehicle on the left side.

The vehicle was towed by -

Vehicle was towed at operators request.

Vehicle # 3

1991 Jeep Cherokee white in color

Point of impact: front bumper

Area of damage: damage began at the front of the vehicle and extended down both sides. the vehicle was also buckled at the center-point from the collision.

The vehicle was towed by

The vehicle was stored under

The owner was notified.

BEST AVAILABLE

ITEM NO.

7

DETAILED SUPPLEMENT REPORT

SCENE IDENTIFICATION: The road at this location is a blacktop finish with an improved shoulder on the N/B side. One lane of travel in each direction. The road character consist of a slight turn and downgrade. The speed limit is a clearly posted 50 M.P.H.

DRIVERS STATEMENT:

Stated that she was driving N/B on It was raining heavy. She was coming around a large curve when she first observed a black car cross the center line. She swerved to avoid striking the car, but the vehicle struck her on the left side. Her car then spun out of control.

For further information see drivers statement

BEST AVAILABLE

DETAILED SUPPLEMENT REPORT

WITNESS STATEMENT:

Stated that he was traveling with friends on _____, when a Ford station wagon came out of a driveway causing them to stop to avoid striking the vehicle. He advised of erratic driving, and as they rounded a turn on _____ they saw an accident, which involved the same station wagon.

See statement for further details.

Provided basically the same statement

See statement for further details.

d.

Stated that she observed a car coming at them, crossing the centerline and collided with the vehicle in which she was traveling.

DETAILED SUPPLEMENT REPORT

WITNESS STATEMENT:

Stated that he had to stop for the Ford as it backed out of a driveway in front of him. He further stated that he saw the car cross the centerline and strike another vehicle
See statement for further details.

ACCIDENT RECONSTRUCTION:

responded to the scene as a reconstructionist. Due to the nature of the accident, no reconstruction will be performed.

EXIBITS: Pictures were taken by**PROPERTY HELD:** Property taken from vehicle # 1;

1 Black woman's pocket book containing various items

1 Brown men's wallet containing various items

1 Brown ladies wallet containing various items

1 Mickey Mouse watch
6 quarters

BEST AVAILABLE

DETAILED SUPPLEMENT REPORT

PROPERTY HELD (Cont): 3 nickols

28 pennies

This property is held under record

and

INVESTIGATION: Upon my arrival at the scene, it had already been secured by EMS personnel. They were in the process of administering emergency care to all injured parties. The deceased were D.O.A., and were left in the rear of the station wagon.

Vehicle # 1's final rest position was in the N/B lane facing a S/B direction. Vehicle # 2's final rest position was in the S/B lane, facing a southward direction. Vehicle # 3's final rest position was in the N/B lane facing north directly in front of vehicle # 1.

Both Vehicle #'s 1 and 3 had sustained major damage to the front. Both vehicles were totaled. Vehicle # 2 had sustained moderate damage to the drivers side beginning in the area of the drivers door extending towards the back of the vehicle.

It was learned that the operator and front seat passengers of the Ford had not been restrained by seatbelts. If so, it would have lessened their injuries. An airbag had been installed and is believed that it saved the operator from being fatally injured.

All deceased had been restrained, however not correctly.

Deceased # 1 was 3 Y.O.A.. He was restrained only by a lap belt.

He was not in a child safety seat as required by Maryland Law.

Deceased # 3 was 1 1/2 Y.O.A.. She was restrained in a child

DETAILED SUPPLEMENT REPORT

INVESTIGATION (Cont):

booster seat. Not a child safety seat as required by maryland law.

Several large bulky items of heavy weight had been stored in the rear compartment of the station wagon. Upon impact these items struck the rear seat were the deceased were seated. These items caused the seat to bend and fold forward onto the deceased.

I then observed the road. There was no skid marks from vehicle's # 1 and 3. There was a yaw mark begining on the N/B shoulder, and ending in the S/B lane. The yaw mark had been left from vehicle # 2.

responded to assist with the investigation.

The investigation revealed that vehicle # 1 was traveling S/B on Vehicle # 1 failed to negotiate a turn correctly, crossing the centerline. Vehicle # 2 which was traveling N/B attempted evasive action by swerving onto the N/B shoulder. Vehicle # 1 side swiped vehicle # 2, causing vehicle # 2 to spin out of control. Vehicle # 1 continued striking vehicle # 3 head on in the N/B lane were both vehicles came to final rest.

It is believed that the primary cause of the accident was failing to drive right of center. It was discovered that the Ford Taurus station wagon had front tires with less than 2/32 tread depth.

It also is believed that defective equipment along with adverse weather conditions was a secondary cause of the accident.

An investigation of the vehicles equipment will be conducted by

DRIVER/WITNESS STATEMENT

Driver Statement Yes Witness Statement No

Age _____

Date _____ 19_____

Statement O

Michigan

Resident

Age _____

Home Phone _____

Business Phone _____

Taken At: Scene Barrack Other _____

Questioned By _____ Installation _____

You are now being questioned in connection with the accident which occurred at approximately 1:30 p.m. 19 91

It is my duty to inform you that you do not have to answer any questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No Do you wish to make a statement? Yes No

In your own words, describe what you saw and how this accident occurred:

I was driving towards _____ on Rt. _____ and the rain was coming down very heavy. Our speed was 40 MPH or less. I came around a large curve up a steep hill when I noticed a black car coming towards me over the center line at which time I swerved to the right side but he hit our car all down the left side so hard we totally spun around and ended up on the other side of the road going the opposite direction. I then noticed that the black car had hit the white car and the cars were very damaged and there were several injuries.

Do you drive and if so, how many years have you driven? 25

Could you estimate the speed of any of the vehicles involved in the accident? 40 mph

N/A

How fast were you driving at the time of the accident? N/A 40 mph

How far was this person or vehicle away when you first observed it/him/her? N/A 200-300 feet

What was the visibility, how far could you see in any direction? fair

Was it daylight, dusk or dark? Were street lights illuminated? daylight

Where were you going to or coming from at the time this accident occurred? What time did you leave or were you expected to arrive? Going to - approx 10 min. away.

Did you have anything intoxicating to drink prior to the accident? no

Have you taken any drugs or medication within twenty-four hours? If so, was this prescribed by a physician?

no

Do you have any physical handicaps? no

Are you related or acquainted with any of the persons involved in this accident? only the people
in my own vehicle

Could you tell me if any one or all the drivers (or pedestrian(s)) had been drinking? If so, on what do you base your opinion? NO I couldn't tell

could this accident have been avoided? How? not by me, I did what I could
to avoid hitting the oncoming black car.

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you?

Yes No

Statement of _____

Witness _____

Signature _____

Date _____

#1 my vehicle

#2 vehicle across centerline

#3 vehicle behind me
that was later struck
after I was struck.

#2

#1



DRIVER/WITNESS STATEMENT

Driver Statement

Witness Statement

Case # _____

Miranda Given: Yes
No

Date 19_____

Statement Of _____

Address _____

Age _____ Home Phone _____ Business Phone _____

Taken At: Scene Barrack Other _____

Questioned By _____ Installation _____

You are now being questioned in connection with the accident which occurred at approximately _____

It is my duty to inform you that you do not have to answer any questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

Do you wish to make a statement? Yes No

In your own words, describe what you saw and how this accident occurred.

We were driving N on [redacted] near [redacted]
& a car came at us from
around the curve & across the centerline
[redacted] hollered & about this time felt the
impact & we spun & ended up on the
other side of the road facing [redacted]. I glanced
at the other car & saw the other car had
crashed head on.

Do you drive and if so, how many years have you driven? _____

Could you estimate the speed of any of the vehicles involved in the accident?

N/A _____

How fast were you driving at the time of the accident? N/A 35-40

How far was this person or vehicle away when you first observed it/him/her? N/A 200 yds

What was the visibility, how far could you see in any direction? 200 yds

Was it daylight, dusk or dark? Were street lights illuminated? daylight

Where were you going to or coming from at the time this accident occurred? What time did you leave or were you expected to arrive? _____

Did you have anything intoxicating to drink prior to the accident? No

Have you taken any drugs or medication within twenty-four hours? If so, was this prescribed by a physician?

Yes - yes

Do you have any physical handicaps? Yes

Are you related or acquainted with any of the persons involved in this accident? Yes

Could you tell me if any one or all the drivers (or pedestrian(s)) had been drinking? If so, on what do you base your opinion? No idea

Could this accident have been avoided? How? Yes - avoid Crossing
Center line

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate? _____

Additional comments of investigator: _____

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you?

Yes No

Statement of _____

Witness _____

Signature: _____

Date _____

DRIVER/WITNESS: STATEMENT

Driver Statement Yes Witness Statement No

Case # _____

Date _____ 19 9 /

Statement Of _____

Address _____

Name _____

Age 38 Home Phone 13 Business Phone _____Taken At: Scene Barrack Other _____

Questioned By _____ Installation _____

You are now being questioned in connection with the accident which occurred at approximately _____ 19 9 /

It is my duty to inform you that you do not have to answer any questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No
Do you wish to make a statement? Yes No

In your own words, describe what you saw and how this accident occurred:

we were driving to Con lunch. It was raining. we were going around a curve. The driver of our car yelled "Jesus Christ". I was in the back seat on the right. We were hit and spun. When we stopped I jumped out of our car - we were not hurt - onto the two cars that were stopped in the middle of the road - more to the left. They were hit head on. People were seriously hurt in both cars.

Do you drive and if so, how many years have you driven? 21

Could you estimate the speed of any of the vehicles involved in the accident?

N/A 40 mph.....

How fast were you driving at the time of the accident? N/A

How far was this person or vehicle away when you first observed it/him/her? N/A

What was the visibility, how far could you see in any direction?

Was it daylight, dusk or dark? Were street lights illuminated? Raining

Where were you going to or coming from at the time this accident occurred? What time did you leave or were you expected to arrive? To Fox Branch

Did you have anything intoxicating to drink prior to the accident? NO

Have you taken any drugs or medication within twenty-four hours? If so, was this prescribed by a physician?

NO

Do you have any physical handicaps? NO

Are you related or acquainted with any of the persons involved in this accident? All in our car
one Family

Could you tell me if any one or all the drivers (or pedestrian(s)) had been drinking? If so, on what do you base your opinion? NO ONE drinks

Could this accident have been avoided? How? Rain made this happen

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

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.....

Additional comments of investigator:

.....
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.....
.....
.....

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you?

Yes No

Statement of _____

Witness _____

Signature _____

Date _____

DRIVER/WITNESS STATEMENT

Driver Statement Yes Witness Statement No

Case # _____

Date _____ 19____

Statement Of _____

Name _____

Address _____

Age 32

Home Phone _____

Business Phone _____

Taken At: Scene Barrack Other _____

Questioned By _____ Installation _____

a.m./
p.m. 19

You are now being questioned in connection with the accident which occurred at approximately _____

It is my duty to inform you that you do not have to answer any questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No
 Do you wish to make a statement? Yes No

In your own words, describe what you saw and how this accident occurred:

We were driving on _____ when we saw the red Stationwagon pull out of a driveway w/ no hesitation. He seemed as if he didn't look & we had to stop quickly. We then made a left on _____ & it was raining quite heavily. We saw the blue Ford Stationwagon and he continually veered off his side of the road. As we came around a bend down the hill we saw the accident. We immediately got out of our car to make sure that everyone was okay.

- About 75 ft. from Driveway when Saw car backing
- Backed out of Driveway - (Back-up)
- "Kicked off his side of Road" was on ~~the road~~
+ also
x-ed centerline on
- Did not see the 10-50, Uncle in his car
did see collision
- On ~~the road~~ really did not notice any problem
until the car x-ed centerline.

Neighbor

Said family came back from pool in
and were heading to a birthday party.

Do you drive and if so, how many years have you driven? 15

Could you estimate the speed of any of the vehicles involved in the accident?

N/A 50 mph.

How fast were you driving at the time of the accident? N/A 35 mph. - 40 mph.

How far was this person or vehicle away when you first observed it/him/her? N/A 3 feet

What was the visibility, how far could you see in any direction? Less than 1/4 mile during thunder shower

Was it daylight, dusk or dark? Were street lights illuminated? due to thunder storm.

Where were you going to or coming from at the time this accident occurred? What time did you leave or were you expected to arrive? The 1pm - 1:15 pm

Did you have anything intoxicating to drink prior to the accident? No

Have you taken any drugs or medication within twenty-four hours? If so, was this prescribed by a physician?

No

Do you have any physical handicaps? No

Are you related or acquainted with any of the persons involved in this accident? No

Could you tell me if any one or all the drivers (or pedestrian(s)) had been drinking? If so, on what do you base your opinion? No

Could this accident have been avoided? How? Driver would have used safer driving due to Thunder shower conditions

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

N/A

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you?

Yes No

Statement of _____

Witness _____

Signature _____

Date _____

DRIVER/WITNESS STATEMENT

BEST AVAILABLE

Driver Statement Witness Statement

Case # _____

: Yes No

Date 19 91

Statement Of _____

Name _____

Address _____

Age 28

Home Phone _____

Business Phone _____

Taken At: Scene Barrack Other _____

Questioned By _____ Installation _____

You are now being questioned in connection with the accident which occurred at approximately _____

It is my duty to inform you that you do not have to answer any questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No
Do you wish to make a statement? Yes No

In your own words, describe what you saw and how this accident occurred:

I was in the back seat of my husband's aunt's car. We came around a corner & the station wagon involved in the scene pulled backwards out of the driveway. The driver of our car had to stop short to avoid hitting it. There were no signals used & even though it was raining hard, there were no lights. They pulled away from us. I watched them as they went down the road & the driver did not stay on his side of the road. They were driving w/ one side of the car over the double yellow line & going quite fast for the road conditions. We came upon the accident only seconds after it occurred. I did not see it happen as it occurred on a turn down a hill. I jumped out of our car & went to the station wagon. Knowing I could do little, I talked to the 3 passengers in the front of the car. The driver told me his name, & both the other passengers did also. I held the drivers head & continued to talk. The driver said he wasn't drinking & they had hypothesized.

Do you drive and if so, how many years have you driven? 12 years

Could you estimate the speed of any of the vehicles involved in the accident?

N/A 50 mph.

How fast were you driving at the time of the accident? N/A 35-40 mph

How far was this person or vehicle away when you first observed it/him/her? N/A 3 feet

What was the visibility, how far could you see in any direction? 30 feet lessening to 15 feet

Was it daylight, dusk or dark? Were street lights illuminated? Rainy

Where were you going to or coming from at the time this accident occurred? What time did you leave or were you expected to arrive? We left home going to lunch at approx 1:05 pm.

Did you have anything intoxicating to drink prior to the accident? NC

Have you taken any drugs or medication within twenty-four hours? If so, was this prescribed by a physician?

No

Do you have any physical handicaps? NC

Are you related or acquainted with any of the persons involved in this accident? NC

Could you tell me if any one or all the drivers (or pedestrian(s)) had been drinking? If so, on what do you base your opinion? Their breath was good & they said they hadn't been drinking.

Could this accident have been avoided? How? Yes, slow down. Do not try to pass or stay in your own lane in very rainy weather.

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

N/A officer was on scene

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you?

Yes No

Statement of _____ Witness _____

Signature _____ Date _____

DRIVER/WITNESS STATEMENT

Driver Statement Yes Witness Statement No

Case # _____

Date 19 91..

Statement Of _____

Name _____

Address _____

Age 52

Home Phone _____

Business Phone _____

Taken At: Scene Barrack Other _____

Questioned By _____ Installation _____

You are now being questioned in connection with the accident which occurred at approximately _____

It is my duty to inform you that you do not have to answer any questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No
Do you wish to make a statement? Yes No

In your own words, describe what you saw and how this accident occurred:

I was gone to ... coming out of static waggy, breaking out of a driveway came out and I had to stop for him. I seen he was driving over the double line all the way out to RT [REDACTED] as we turned south on RT [REDACTED] about half a mile south the same. And I told waggy to cross over the double line and had head on in to a Waggy, we stopped and tried to see if we could help in any way.

Do you drive and if so, how many years have you driven? 34

Could you estimate the speed of any of the vehicles involved in the accident? No.

N/A

How fast were you driving at the time of the accident? N/A 45 MPH.

How far was this person or vehicle away when you first observed it/him/her? N/A 10 ft.

What was the visibility, how far could you see in any direction? 1/2 mi. to Mi

Was it daylight, dusk or dark? Were street lights illuminated? Day light.

Where were you going to or coming from at the time this accident occurred? What time did you leave or were you expected to arrive? About 1:15 PM

Did you have anything intoxicating to drink prior to the accident? No.

Have you taken any drugs or medication within twenty-four hours? If so, was this prescribed by a physician?

N.D.

Do you have any physical handicaps? No.

Are you related or acquainted with any of the persons involved in this accident? No.

Could you tell me if any one or all the drivers (or pedestrian(s)) had been drinking? If so, on what do you base your opinion? No.

Could this accident have been avoided? How? Yes. By drive on the right side of the road.

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

None

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you?

Yes No

Statement of _____ Witness _____

Signature _____ Date _____

Type of Case: Fatal Motor Vehicle Traffic Accident

Drivers: 1) [REDACTED] 2) [REDACTED]
3) [REDACTED] 4) [REDACTED]

MAARS No. # [REDACTED] Case No. # [REDACTED]

Assigned Accident Investigator: Trooper [REDACTED]

Assigned Traffic Homicide Investigator: Sergeant [REDACTED]

Date & Time of Crash: [REDACTED] 1991 @ 1340

Date of Initial Report: [REDACTED] 1991 Hours Expended: 62 Hours

Date of Supplement Report: _____ Hours Expended: _____

Report Reviewed by: _____ Date: _____

Installation Supervisor

Date: _____

Troop Coordinator



STATE OF MARYLAND

DEPARTMENT OF
PUBLIC SAFETY AND CORRECTIONAL SERVICES

MARYLAND STATE POLICE

Reconstruction of a Fatal
Motor Vehicle Traffic Accident

Report #: [REDACTED]

Local #: [REDACTED]

Date/Time: [REDACTED] 1991 at 1340 Hrs

Location: [REDACTED] (MD)
.35 mile south of
(Co. [REDACTED]), [REDACTED]
Maryland

Involved: 3 Motor Vehicles
14 Persons (3 fatally injured)

Weather: Daytime, severe thunderstorm prior
to accident, light rain at time of
accident, temperature approximately
90° F

HIGHWAY

[REDACTED] is a two lane asphalt surface with tar and chipped shoulders on both sides. Neither the road or the shoulders have any defects. Both northbound and southbound lanes are approximately twelve (12) feet in width. The north and southbound lanes are divided with the standard size solid double yellow centerline. Both road edges are marked with a solid white painted line. The southbound shoulder is approximately five (5) feet in width and the northbound shoulder is approximately seven (7) feet in width. The roadway is curved to the right for southbound traffic. The radius of the curve is approximately 1,065 feet at the centerline of the roadway. [REDACTED] in the southbound direction has a -6% grade with a -2% cross slope from the left to the right shoulder. The posted speed limit for both directions of [REDACTED] is 50 MPH.

VEHICLES

Vehicle #1 - 1991 Ford Taurus, Station Wagon

VIN #1FACP5501MG [REDACTED]

Maryland Registration Plate [REDACTED], Black in Color

Operated by: [REDACTED]

Owned by: [REDACTED]

[REDACTED] Maryland [REDACTED]

Damage:

Exterior: Severe contact damage across entire width of the front of the vehicle. The hood was forced rearward into the windshield. The contact damage to the left front fender area from P.O.I. #1 with Vehicle #2 was masked by the more severe damage caused by P.O.I. #2 with Vehicle #3. Induced damage extended rearward to both rear doors and roof line in the area of the "B" pillars. All four passenger doors displayed some form of damage caused by extrication efforts of the medical rescue personnel.

Interior: There was a total destruction of the instrument panel in this vehicle. The instrument gauges and items stored on the dash were forced forward under the hood and were resting on top of the engine. The air bag in the steering wheel had deployed and rescue personnel removed the steer wheel assemble from the steering column. The driver seat head rest was deformed forward. The rear passenger seat was broken at the inner hinge pins, where the seat back split. There was contact damage on the roof liner near the interior dome light and the right side sun visor which was caused by material from the cargo area coming forward through the passenger area.

Vehicle #2 - 1990 Buick Skylark 4-door Sedan

VIN #1G4NV54U61M

Maryland Registration Plate # [REDACTED]

Operated by: [REDACTED]

Owned by: [REDACTED]

[REDACTED], Maryland

Damage:

Exterior: There was contact damage starting at the front edge of the driver's door extending to the left rear corner panel. The left rear tire also sustained contact damage which caused the tire to deflate and the outer rim of the steel wheel was bent. Damage on this vehicle stopped just short of striking the left rear bumper.

Interior: No damage noted.

Vehicle #3 - 1991 Jeep Cherokee, 4-door 4x4

VIN #1J4FN78S1ME

Maryland Registration Plate # [REDACTED]

Operated by: [REDACTED]

Owned by: [REDACTED]

[REDACTED], Maryland [REDACTED]

Damage:

Exterior: Severe contact damage across the entire front of the vehicle. Induced damage extended rearward causing a buckled floor pan, roof, all four doors, and both rear corner panels. Both "A" pillars, driver side "B" pillar and windshield were cut during rescue operations.

Interior: There was some contact damage to the dash/instrument panel. The steering wheel was bent and deformed forward. The driver's seat back was buckled forward in about the middle. The overhead instrument panel between the two front seats was broken loose from it's mounts. The rear seat back had a slight forward bowing and it's left side latch assemble was damaged.

SEATBELT USAGE

Vehicle #1 -

Front Seat: No evidence of loading on any of the safety belts. Also statements from rescue personnel and occupants indicated no safety belt was used in the front seat.

Rear Seat: Evidence indicated all three occupants were using safety belts. There was evidence of heavy loading on both outboard belts at the "D" ring and the latch plate. Due to debris, no evidence of loading could be located on the center cap belt however the belt was cut by rescue personnel and the latch plate was still in the latch assembly. In fact all three latch plates were still fastened in their latch assemblies.

Vehicle #2 -

No evidence was located on any of the safety belt assemblies to verify their usage. According to statements from the occupants, the two front seat passengers were using lap/shoulder harnesses and the rear seat passengers were not using any safety belts.

Vehicle #3 -

Front Seat: Both safety belt assemblies showed some loading as a result of damage to the "D" ring of both belts.

Rear Seat: None of the safety belt assemblies displayed evidence of loading. The rear seat passenger said he thought he may have been wearing the left side lap/shoulder harness loosely but he could not be sure. Evidence of the rear seat passenger striking the overhead console and the center dash area indicate he was not wearing any safety belt.

INJURIES

Vehicle #1 -

Driver: [REDACTED] W/M, DOB: [REDACTED] /64 [REDACTED] MD [REDACTED]

[REDACTED] was not using the safety belt/harness at the time of the collision.

[REDACTED] struck the dash in the area behind the steering wheel. The deployment of the air bag prevented [REDACTED] from receiving any severe chest and facial injuries. The following is a list of injuries according to medical personnel:

- open fractures on all legs and arms
- fracture of right knee
- fracture of right tibia
- open fracture of right heel
- fracture of left femur
- fracture of left hip
- fracture of right rib

Right front passenger: [REDACTED], W/F, Age 24 years
[REDACTED] Road
[REDACTED] Maryland [REDACTED]

[REDACTED] was not using the safety belt/harness at the time of the collision.

The impact caused [REDACTED] to move forward and slightly towards the left side of the vehicle. This is evident by the fact that a blood pattern was located on the dash area of Vehicle #1, just to the right of center. Also [REDACTED] said she remembers that post-impact she was partially on top of the center passenger. Prior to striking her head on the top of the dash, [REDACTED] forehead struck the windshield causing the windshield to shatter into the normal spider web design.

The following are injuries reported by

- fracture of the left femur
- fracture of the right hip
- dislocated and fracture of the left hip
- lacerated right knee
- lacerated spleen
- broken ribs (number and location unknown)
- punctured lung (which unknown)
- hairline fracture of left shoulder
- two fingers on right hand fractured
- scratches/lacerations on forehead with embedded glass

Center front passenger: [REDACTED] W/F, Age 15 years
[REDACTED]
[REDACTED], Maryland [REDACTED]

The impact caused [REDACTED] to strike the center dash area of Vehicle #1. At the time of the collision she was not using the safety lap belt. According to [REDACTED] the following were injuries she sustained:

- fractures of both legs
- fracture of left arm
- fracture of bone at the base of spine

Left rear passenger: [REDACTED], W/F, Age 18 months
[REDACTED]
[REDACTED], Maryland [REDACTED]

[REDACTED] was secured in a booster seat which was fastened in Vehicle #1 with the safety belt/harness system. The lap portion of the safety belt was correctly attached to the booster seat. The shoulder harness portion of the system was placed through the split in the rear seat and return to the "D" ring across the back of the rear seat.

The collision caused [REDACTED] to be partially ejected from the booster seat. This allowed her head to strike the side window. Then she continued forward and down striking her head on the "B" pillar about 12-15 inches from the floor.

The following are injuries reported by [REDACTED] of [REDACTED] Funeral Home, [REDACTED] Pennsylvania:

- bruising on the left side of face
- fractured spine in the cervical area

Center rear seat: [REDACTED] Jr., W/M, Age 3 years

[REDACTED] Maryland [REDACTED]

[REDACTED] was secured in a lap belt. The collision caused [REDACTED] to bend forward striking his forehead on the fold down arm rest in the middle of the front seat. Also a dental style lamp (with mounting post) was thrown from the rear cargo area, striking [REDACTED]. The force of the rear cargo (about 122 lbs) caused the back of the rear seat to break. Once the seat back broke this allowed the dental lamp to continue forward striking [REDACTED] in the back.

The following are the injuries [REDACTED] sustained as reported by [REDACTED] of the Medical Examiner's office:

- mark (bruising) across abdomen
near belly button (safety belt)
- some type of pattern on left side
- bruising on forehead
- lacerated tongue
- fracture of cervical spine
- fracture of lower thoracic spine

Left rear passenger: [REDACTED], W/F, Age 5 years

[REDACTED] Maryland [REDACTED]

[REDACTED] was secured in a safety belt/harness assembly. However the harness portion of the system was behind the passenger. The loading on the safety system caused the harness to leave a mark on the front of the rear seat.

Since [REDACTED] was not secured with the upper body harness, the collision caused her to go forward striking the back of the front seat with her head. Her forehead struck the bottom portion of the internal frame of the front seat.

The following are the injuries [REDACTED] sustained as reported by [REDACTED] of the Medical Examiner's office:

- mark (bruising) across abdomen below the belly button (safety belt)
- laceration from bridge of nose across the left eye to left ear
- abrasion pattern on right cheek
- fractured skull across both eyes
- major skull trauma
- fractured thoracic spine
- severed spinal cord

Vehicle #2 -

Driver: [REDACTED] W/F, DOB [REDACTED]/51

[REDACTED], Maryland [REDACTED]

During the collision, [REDACTED] left hand struck either the left side door/window or the steering wheel. I was unable to locate any evidence of injury producing contact on either area.

[REDACTED] advised that she received the following injuries:

- bruising of left hand
- abrasions on two fingers

Other Passengers: According to [REDACTED], no one else in her vehicle was injured

Vehicle #3 -

Driver: [REDACTED] W/M, DOB [REDACTED]/59

[REDACTED], Maryland [REDACTED]

[REDACTED] was using the safety belt/harness at the time of the collision. The force of the collision caused Mr. [REDACTED] to bend the steering wheel on both sides. His right hand came off the steering wheel striking the dash area causing the plastic dash cover to break. Also, Mr. [REDACTED]'s knees struck the lower dash area causing damage to that portion of the dash.

The following injuries were reported by [REDACTED]:

- fracture jaw and teeth
- clasped lung (unknown which side)
- fracture right knee
- fracture right fibilia
- fracture right ankle
- fracture left fibilia
- fracture left ankle
- bruising and abrasions on right hand

Left front passenger: [REDACTED], W/F, Age 23 years

[REDACTED]
Maryland [REDACTED]

[REDACTED] was using the safety belt/harness at the time of the collision. [REDACTED] at the time of the collision went forward and to the left striking the dash to the right of center. Due to the distance Ms. Balogh traveled, it indicates that she did not have the safety belt/harness adjusted properly. There was too much slack in the belt.

There was also an indication that the rear seat passenger may have put some weight on the back of [REDACTED] as he traveled forward from the rear seat area.

The following injuries were reported by [REDACTED]

- lumbar #3 bursted
- fracture of the nose
- laceration of lip to below right eye
- bruising to left leg
- bruising to left hand
- bruising to sternum
- bruising to abdomen (seatbelt pattern)

Left rear passenger: [REDACTED] W/M, Age 37 years

[REDACTED], Maryland [REDACTED]

[REDACTED] reported that he was using the safety belt/harness at the time of the collision. Evidence indicates that he was not wearing the safety belt.

The collision caused [REDACTED] to strike the back of the driver's seat causing severe damage to the seat. Then [REDACTED] continued forward striking his head on an overhead instrument console causing the console to break loose. Then [REDACTED] struck the dash in the area of the air conditioning controls.

[REDACTED] advised he had sustained the following injuries:

- left knee tendon ruptured
- left knee abrasions
- right knee abrasions
- fracture of left wrist
- bruised right kidney
- injuries on back of head

PRE-CRASH

There was a severe thunderstorm in the area prior to the accident. At the time of the accident several witnesses advised that the rain had reduced to a light rain.

Due to the weather the roadway was wet prior to and at the time of the collision.

Vehicle #1 was traveling southbound on [REDACTED]. Vehicle #1 had just entered [REDACTED] north of the accident site from [REDACTED]

Vehicles #2 & #3 were both traveling northbound on Maryland [REDACTED]. Vehicle #2 was ahead of Vehicle #3 by a few car lengths. Both of these vehicles had traveled from [REDACTED] heading to [REDACTED] Pennsylvania.

COLLISION

While traveling southward on a -6% grade approaching a right curve (approximate radius 1,065 feet), Vehicle #1 crossed over the centerline into the northbound lane. Driver #1 ([REDACTED]) advised that it felt like his car was hydroplaning. He was unable to get any response from either the steering or the brakes of Vehicle #1. [REDACTED] said he tried to pump the brakes to regain control but Vehicle #1 continued in a straight line. [REDACTED] believes, but could not say for sure, that just about the time Vehicle #1 struck Vehicle #2 he locked the brakes.

The impact between Vehicle #1 and Vehicle #2 was a side swipe type of impact. The impact between the left front of Vehicle #1 with the left rear tire of Vehicle #2 caused the tire of Vehicle #2 to deflate. The impact with the left rear tire of Vehicle #2 caused a scuffing type of mark (5 feet 7 inches) in the northbound lane of [REDACTED].

After the collision between Vehicles #1 and #2, Vehicle #2 completed a 180° counter-clockwise rotation coming to rest facing southbound in the southbound lane. As Vehicle #2 was rotating, the tires left scrub (steam) marks on the pavement. These marks indicated the path Vehicle #2 traveled. After completing its rotation, Vehicle #2 traveled southward approximately 83 feet before stopping in the southbound lane.

After striking Vehicle #2, Vehicle #1 continued southward, still in the northbound lane, for approximately 49 feet before colliding head-on with Vehicle #3. The damage area was across the entire front of both Vehicle #1 and Vehicle #3. This impact caused disabling damage to both Vehicle #1 and Vehicle #3.

Vehicle #1 continued forward for an additional 5 feet and Vehicle #3 was driven rearward about 10 feet before coming to

rest. Both Vehicle #1 and Vehicle #3 came to rest in the northbound lane of [REDACTED] Vehicle #1 was facing southbound and Vehicle #3 was northward.

POST-IMPACT INSPECTION

Highway -

A mark indicating impact between Vehicle #1 and Vehicle #2 as described above was located in the northbound lane approximately 49 feet north of the area of gauge and scratch marks (POI between V-1 and V-3) and 8 feet west of the northbound edgeline. The scrub (steam) marks caused by Vehicle #2 rotation on the wet road surface began at the northbound edgeline approximately 65 feet 10 inches north of the first impact area. This scrub mark continued diagonally across the northbound lane ending just over the double yellow centerline in the southbound lane an additional 30 feet north.

An area (5 ft by 4 ft) of gauges and scratches in the northbound lane approximately 1 foot from the centerline indicated the position of Vehicle #1 at impact with Vehicle #3.

Vehicles -

Vehicle #1: The collision caused severe damage to this vehicle as indicated earlier in this report.

Post-collision inspection revealed that the front tires displayed abnormal wear for the 16,800 miles driven. The left front tire tread measured 2/32 - 3/32 inch and the right front tire tread measured 1/32 - 2/32 inch. The right front tire failed to meet minimum legal requirement.

Vehicle #2: Sustained damage as indicated earlier in this report. No pre-impact defects noted.

Vehicle #3: Sustained severe damage as indicated earlier in this report. No pre-impact defects noted.

CONCLUSION

Vehicle #1 was traveling southbound on [REDACTED] when the vehicle crossed over the centerline. Since it would take at least 2/32 - 3/32 inch of water for the tires on Vehicle #1 to hydroplane, it is unlikely this was the cause of Vehicle #1 crossing the centerline. However, since the tread depth was low on both of Vehicle #1's front tires, the ability of the tires to grip the roadway was lower than would be available if the tires were in a better condition. Therefore, it is this investigator's conclusion that Vehicle #1 failed to remain on the right side of the roadway because of a reduction in the traction between the tire and road surface due to worn tires. Then once Driver #1

started to pump the brakes on Vehicle #1 instead of regaining traction this action caused Vehicle #1 to continue to slide.

Once the impact occurred between Vehicle #1 and Vehicle #2, Driver #1 lost all hope of regaining control of Vehicle #1. The distance between P.O.I. #1 and P.O.I. #2 only being approximately 49 feet did not give Driver #3 any time to attempt to avoid the collision between Vehicle #1 and Vehicle #3.

Speed calculations on Vehicle #1 and Vehicle #3, based on damage and post collision slide to a stop, indicates that pre-impact speeds were as follows:

Vehicle #1: 51 - 55 MPH
Vehicle #3: 47 - 51 MPH

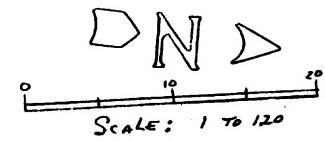
There was no evidence to base a speed computation for Vehicle #2, therefore no calculation was made.

Injuries in Vehicle #1 could have been reduced if all front seat passengers used the safety restraint devices equipped in the vehicle. Injuries to the left rear passenger of Vehicle #1 could have been reduced and possibly eliminated if the child was placed in a proper safety seat instead of a booster seat. The center rear passenger of Vehicle #1 was restrained properly but the load in the rear cargo area was not fastened allowing cargo items to come forward striking the back of the passenger. The right rear passenger of Vehicle #1 injuries would have been greatly reduced if the shoulder harness was placed across the chest instead of behind her back.

The rear seat passenger of Vehicle #3 would have received less injuries if he had been using the provided safety belt/harness system. The safety belt/harness would have restrained this passenger in the rear of Vehicle #3.

In summary, speed was not a cause of this collision. Worn tires on a wet road surface was the primary reason for the occurrence of this accident. Also, the non-use or improper use of occupant safety devices and an unsecured load contributed and in some incidents increased the severity of the injuries.

BGE #
O



▷ V-2

V-3 D
V-1
AREA of Gouges &
SCRATCHES (P.O.I. #2)

|||||||
SCUFF mark
(P.O.I. #1)

O
BGE #
CVP #

3/8 MILE →

MAARS: [REDACTED] (10-50 FATAL)
DATE/TIME: [REDACTED] /91 @ 1340 HRS.
INVESTIGATOR: TROOPER [REDACTED]
RECONSTRUCTION: SERGEANT [REDACTED]